

L17000009084

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

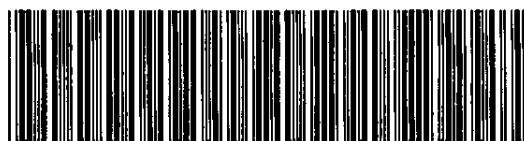
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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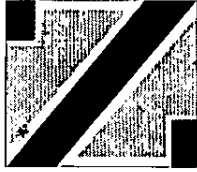
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TALLAHASSEE, FLORIDA

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JAN 13 2017



ZUNIGA LAW, P.A.

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January 9, 2017

Department of State  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: ARTICLES OF ORGANIZATION  
CRISOPSA LLC

To Whom It May Concern:

Attached please find the following documents:

1. A copy of a cover letter with the Articles of Organization executed.
2. One check made payable to Florida Department of State for \$130 Filing fee and Certificate of Status for Articles of Organization and Designation of Registered Agent.
3. A self addressed, stamped envelope for return of the documents.

Please process the above request and return. Contact me if any questions.

Sincerely,

Javier H. Zuniga, Esq.  
[Javier@zuniga-law.com](mailto:Javier@zuniga-law.com)  
Phone: 561-544-0944  
Cell: 954-907-0731

Enclosures: as stated

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** CRISOPSA, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Maria Cristina Sotomayor-Peralta

Name of Person

CRISOPSA, LLC

Firm/Company

55 NE 5th Ave, Suite #501

Address

Boca Raton, FL 33432

City/State and Zip Code

gerencia@crisopsa.com.ec

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria Cristina Sotomayor-Peralta 561 289-0323  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CRISOPSA, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

55 NE 5th Ave Suite #501

Boca Raton, FL 33432

Mailing Address:

55 NE 5th Ave Suite #501

Boca Raton, FL 33432

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Maria Cristina Sotomayor-Peralta

Name

55 NE 5th Ave Suite #501

Florida street address (P.O. Box **NOT** acceptable)

Boca Raton,

FL

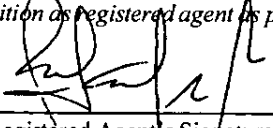
33432

City

State

Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

Maria Cristina Sotomayor-Peralta

55 NE 5th Ave Suite #501

Boca Raton, FL 33432

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

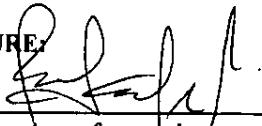
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

The organization will focus its business in foreign trade consulting.

**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member.**

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Maria Cristina Sotomayor-Peralta

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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