

MA23000001114

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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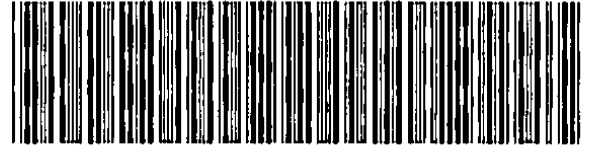
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: D Soto Services LLC  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Mildred Orozco Portuquez  
Name of Person

D Soto Services LLC  
Firm/Company

9134 Thomasville Dr  
Address

Winter Haven FL 33884  
City/State and Zip Code

mildred.orozco1@gmail.com  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Mildred Orozco Portuquez at (646) 238 3964  
Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee    ☒ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. D'Soto Services LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. New Jersey  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 87-1531090  
(FEL number, if applicable)

4. January, 2023  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 9134 Thomasville Dr  
(Street Address of Principal Office)

6. 9134 Thomasville Dr  
(Mailing Address)

Winter Haven FL 33884

Winter Haven  
FL 33884

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

Mildred Orozco Portuquez

Office Address:

9134 Thomasville Dr

Winter Haven FL, Florida 33884  
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

[Signature]  
(Registered agent's signature)

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STATE OF FLORIDA


8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input checked="" type="checkbox"/> Manager	Name:	Mildred Crozzo Portuquez	<input checked="" type="checkbox"/> Manager	Name:	Luis Carlos Soto		
<input type="checkbox"/> Member	Address:	9134 Thomasville Dr	<input type="checkbox"/> Member	Address:	9134 Thomasville Dr		
<input checked="" type="checkbox"/> Authorized		Winter Haven FL 33884	<input checked="" type="checkbox"/> Authorized		Winter Haven FL 33884		
Person			Person				
<input type="checkbox"/> Other			<input type="checkbox"/> Other			<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:	Lulena Soto Crozzo	<input type="checkbox"/> Manager	Name:			
<input checked="" type="checkbox"/> Member	Address:	9134 Thomasville Dr	<input type="checkbox"/> Member	Address:			
<input checked="" type="checkbox"/> Authorized		Winter Haven FL 33884	<input type="checkbox"/> Authorized				
Person			Person				
<input type="checkbox"/> Other			<input type="checkbox"/> Other			<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:		<input type="checkbox"/> Manager	Name:			
<input type="checkbox"/> Member	Address:		<input type="checkbox"/> Member	Address:			
<input type="checkbox"/> Authorized			<input type="checkbox"/> Authorized				
Person			Person				
<input type="checkbox"/> Other			<input type="checkbox"/> Other			<input type="checkbox"/> Other	

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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.

  
\_\_\_\_\_  
Signature of an authorized person  
  
Mildred Crozzo Portuquez  
\_\_\_\_\_  
Typed or printed name of signee

**STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
SHORT FORM STANDING**

**D'SOTO SERVICES LLC**  
0450671871

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on July 03, 2021.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and office are:*

MILDRES OROZCO PORTUGUEZ  
15 CHERRY ST  
MOUNT HOLLY, NJ 08060



IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
6th day of January, 2023

Elizabeth Maher Muoio  
State Treasurer

OFFICE OF THE  
STATE TREASURER  
TRENTON, NJ

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Certificate Number : 6139096663

Verify this certificate online at

[https://www1.state.nj.us/TYTR\\_StandingCert/JSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp)