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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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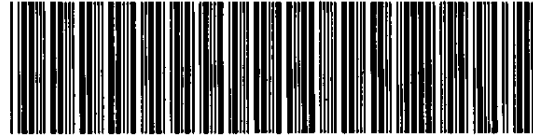
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
13 AUG 15 PM 4:52

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SOTO FAMILY INVESTMENT GROUP INC.  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

EVELYN R GONZALEZ EA  
Name of Person

ACCOUNTING CENTER FOR SMALL BUSINESS LLC  
Firm/Company

5701 DOGWOOD DR  
Address

ORLANDO FL 32807  
City/State and Zip code

VSOTOVEN@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

RECEIVED  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
AUG 15 PM 11:52

For further information concerning this matter, please call:

EVELYN R GONZALEZ at ( 407 ) 281-0227  
Name of Person Area Code Daytime Telephone Number

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. SOTO FAMILY INVESTMENT GROUP INC  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. PUERTO RICO, USA 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/2/2001 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. 6/1/2016  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 147 SOUTHAMPTON KISSIMMEE FL 34744  
(Principal office address)  
\_\_\_\_\_  
(Current mailing address, if different)

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

Name: VIRGINIA SOTO

Office Address: 147 SOUTHAMPTON DR

KISSIMMEE, Florida 34744  
(City) (Zip code)

**9. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation 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.*

Virginia Soto  
(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

FILED STATE  
SECRETARY OF FLORIDA  
TALLAHASSEE, FL  
18 MAY 15 PM 4:52

11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: ORLANDO SOTO

Address: 147 SOUTHAMPTON DR

KISSIMMEE FL 34744

Vice Chairman: VIRGINIA SOTO

Address: 147 SOUTHAMPTON DR

KISSIMMEE FL 34744

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: ORLANDO SOTO

Address: 147 SOUTHAMPTON DR

KISSIMMEE FL 34744

Vice President: ORLANDO SOTO

Address: 147 SOUTHAMPTON DR

KISSIMMEE FL 34744

Secretary: VIRGINIA SOTO

Address: 147 SOUTHAMPTON DR KISSIMMEE FL 34744

Treasurer: ORLANDO SOTO

Address: 147 SOUTHAMPTON DR KISSIMMEE FL 34744

11th DISTRICT  
KISSIMMEE FLORIDA  
19 JUN 15 11 45 52

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. Virginia Soto

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. VIRGINIA SOTO

(Typed or printed name and capacity of person signing application)