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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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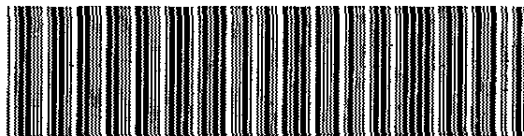
(Business Entity Name)

(Document Number)

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

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J. Burch AUG 8 2006



## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** PACIFIC COMMODITY SALES, 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," 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:

DAVID R. BROCKWELL, PRESIDENT  
(Name of Person)

PACIFIC COMMODITY SALES, INC.  
(Firm/Company)

4502 N.W. 27<sup>TH</sup> STREET  
(Address)

CAPE CORAL, FLORIDA 33993  
(City/State and Zip code)

For further information concerning this matter, please call:

JAMES FORRESTER, CPA at (239) 939-1188  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

New Filing 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. PACIFIC COMMODITY SALES 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. STATE OF WASHINGTON, USA 3. 91-1121916  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11-20-1980 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. UPON REGISTRATION ACCEPTANCE IN FLORIDA  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 4502 N.W. 27<sup>TH</sup> STREET, CAPE CORAL, FL. 33993  
(Principal office address)

SAME  
(Current mailing address)

8. BUYING, SELLING / BROKERAGE OF SEAFOODS  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: DAVID R. BROCKWELL, PRES.

Office Address: 4502 N.W. 27<sup>TH</sup> STREET

CAPE CORAL, Florida 33993  
(City) (Zip code)

10. 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.

  
(Registered agent's signature)

11. 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.

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

A. DIRECTORS

Chairman: \_\_\_\_\_

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

Vice Chairman: \_\_\_\_\_

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

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

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

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

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

B. OFFICERS

President: DAVID R. BROCKWELL

Address: 4502 N.W. 27<sup>TH</sup> STREET  
CAPE CORAL, FL. 33993

Vice President: MARGARET A. BROCKWELL

Address: 4502 N.W. 27<sup>TH</sup> STREET  
CAPE CORAL, FL 33993

Secretary: DAVID R. BROCKWELL

Address: SAME

Treasurer: DAVID R. BROCKWELL

Address: SAME

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

13. \_\_\_\_\_

(Signature of Director or Officer listed in number 12 of the application)


14. DAVID R. BROCKWELL, PRESIDENT

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



UNITED STATES OF AMERICA

# The State of Washington



## Secretary of State

I, SAM REED, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

**CERTIFICATE OF EXISTENCE/AUTHORIZATION**  
**OF**  
**PACIFIC COMMODITY SALES, INC.**

**I FURTHER CERTIFY** that the records on file in this office show that the above named Profit Corporation was formed under the laws of the State of WA and was issued a Certificate Of Incorporation in Washington on 11/20/1980.

**I FURTHER CERTIFY** that as of the date of this certificate, PACIFIC COMMODITY SALES, INC. remains active and has complied with the filing requirements of this office.

Date: July 13, 2006

UBI: 600-384-169



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

A handwritten signature in cursive script that reads "Sam Reed".

Sam Reed, Secretary of State

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TALLAHASSEE, FLORIDA

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