# FROODS189

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
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# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

ievas Kids', Inc.						
				Art of Inc. File		
		· · · · · · · · · · · · · · · · · · ·		LTD Partnership File	<del></del>	
				Foreign Corp. File	-	
				L.C. File		
				Fictitious Name File		
				Trade/Service Mark		
				Merger File	2013	
				Art, of Amend, File	_ :	
				RA Resignation	12	
				Dissolution / Withdrawal		
	,			Annual Report / Reinstatement	<u>=:</u>	
			$\frac{1}{\chi}$	Cert. Copy	07	
				Photo Copy		
			<u> </u>	Certificate of Good Standing		
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				Certificate of Fictitious Name		
				Corp Record Search	<del></del>	
				Officer Search		
				Fictitious Search		
ignature			-	Fictitious Owner Search		
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			_	Driving Record		
Requested by: SETH	12/11/19			UCC 1 or 3 File		
	Date	Time		UCC 11 Search		
Name	Date	THIC	ļ <del></del>	UCC 11 Retrieval	_	
Walk-In	Will Pick Up		<u> </u>	Courier		

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: CHEVAS KIDS' INC	
SUBJECT: CUEVAS KIDS' IDC  Name of corporation - must	include suffix
Dear Sir or Madam:	
Total on or Madain.	
The enclosed "Application by Foreign Corporation for Author "Certificate of Existence," or "Certificate of Good Standing" above referenced foreign corporation to transact business in F	and check are submitted to register the
Please return all correspondence concerning this matter to the	following:
EDWARD CUEVAS Ja.  Name of Person	
Name of Person	
CUEVAS TRAWLERS	
Firm/Company	
P.O. BOX 129 / 725 SOUTH S	Shone Drive
Address	
PORT ISABEL TEXAS 185  City/State and Zip  e)_cuevase (ive. core  E-mail address: (to be used for future)	78
City/State and Zip	code
ej_cuevase live. co.	n
E-mail address: (to be used for futu	ire annual report notification) ج
For further information concerning this matter, please call:	
E. Cueva at (956) Name of Person Area Code	U34-6131  Daytime Telephone Number
	 (3
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:	•
	75 Filing Fee & S87.50 Filing Fee, ified Copy Certificate of Status & Certified Copy

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

1. Cuevas Kios, 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 busing		
2. TEXAS USA 3. 74-2675648 (State or country under the law of which it is incorporated) (FEI number, if applicable)	3	
4. <u>05-20-1993</u> 5. (Date of incorporation) (Date of duration, if other than po		
(Date of incorporation) (Date of duration, if other than po	erpetual)	
6.		
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)		
125 SOUTH ShopE DOING DOT BABBLE TEXAS	78578	
7. 125 SOUTH Shone Onive Port ISABEL, TEXAS (Principal office address)  P. D. BOX 129, Port ISABEL TEXAS 78578 (Current mailing address, if different)		
P.D. BOX 129 PORT KAREL TEXAS 78578		
(Current mailing address, if different)		
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)		
Name: Your Capital Connection, Inc.	2819	
417 E VIRGINIA ST	Œ.	
Office Address: SUITE I TALLAHASSEE, FL 32301		~ .
		, «
	: ਹ	
9. Registered agent's acceptance:	 Э	
Having been named as registered agent and to accept service of process for the above stated corp designated in this application. I hereby accept the appointment as registered agent and agree to		
further agree to comply with the provisions of all statutes relative to the proper and complete per		
duties, and I am familiar with and accept the obligations of my position as registered agent.		
(CAC ALAN Language of Many Capital Connection Inc.		
/S/ Seth Neeley as authorized representative of Your Capital Connection. Inc.		
/S/ Seth Neeley as authorized representative of Your Capital Connection. Inc.  (Registered agent's signature)		
· · · · · · · · · · · · · · · · · · ·	y of this applicat	tion to

A. DIRECTORS Chairman: Address: Vice Chairman: Address: \_\_\_\_\_ Address: \_\_\_\_\_\_ Address: **B. OFFICERS** President: JOSE G. CUGVAS Address: 128 E. CAROLYN SOUTH PADRE ISLAND TX 78597 P.O. BOX 729 POR BABEL, TX Vice President: Address: Secretary: Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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.

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

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

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



# Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles Of Incorporation for CUEVAS KIDS', INC. (file number 127079700), a Domestic For-Profit Corporation, was filed in this office on May 20, 1993.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on December 11, 2019.

HE OF YES

Phone: (512) 463-5555

Prepared by: SOS-WEB

Ruth R. Hughs Secretary of State

Come visit us on the internet at https://www.sos.texas.gov/

Fax: (512) 463-5709 TID: 10264 Dial: 7-1-1 for Relay Services Document: 931503190020