# FPWW5492

(	(Requestor's Name)				
(	(Address)				
(	(Address)				
(	(City/State/Zip/Phone #)				
PICK-UP	WAIT MAIL				
(	(Business Entity Name)				
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions	to Filing Officer.				

Office Use Only



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**T** GLASS **DEC** 1 3 2019

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

PEPE TRAWLERS, I	NC,					
	_					
				Art of Inc. File		
	<del></del>			LTD Partnership File		
			<del></del>	Foreign Corp. File	-	
				L.C. File		
				Fictitious Name File		
				Trade/Service Mark	2019 0'	
				Merger File	D.	•
				Art. of Amend. File	212	: <u>-                                   </u>
		,		RA Resignation		
				Dissolution / Withdrawal		
				Annual Report / Reinstatement		
			<u> </u>	Cert. Copy		
			<u></u>	Photo Copy		
			<u>×</u>	Certificate of Good Standing	<del></del>	
		!		Certificate of Status		
				Certificate of Fictitious Name		
				Corp Record Search		
				Officer Search		
				Fictitious Search		
Signature			<del></del>	Fictitious Owner Search		
				Vehicle Search		
	<del>-</del> <del>-</del>	<del></del>		Driving Record		
Requested by: SETH	12/11/19			UCC 1 or 3 File		
Name	Date	Time		UCC 11 Search		
Walle In	White to			UCC 11 Retrieval		
Walk-In	Will Pick Up			Courier		

# **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: PEPE TEAWLERS	
Name of corporation	n - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Stal above referenced foreign corporation to transact business.	nding" and check are submitted to register the
Please return all correspondence concerning this matte	r to the following:
EDWARD CUE Name of	VAS DIE
Name of	Person
CHEVAS TO	auler S
/ Firm/Con	npany
P.O. Box 729 / 725 SOUTH  Addr	Shone Opive
POET ISABEL TX 78  City/State a	ess
PORT ISABEL TX 78	578
City/State a  E-mail address: (to be used	nd Zip code
e/_cuevase	<b>5</b> 3
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please	call:
Name of Person at ( 956 Area Cod	11011 - 1 101
Name of Person Area Cod	c Daytime Telephone Number
	: <u>0</u> 2
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P.O. Box 6327
Tallahassee, FL 32301	Tallahassee, FL 32314
Enclosed is a check for the following amount:	
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ Certificate of Status	S78.75 Filing Fee & S87.50 Filing Fee, Certified Copy 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. PEPE	E TRAWLERS, INC.		
(Enter name of "Inc.," "Co.,"	TRAWLERS INC.  of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," ," "Corp," "Inc," "Co," or "Corp.")		-
	available in Florida, enter alternate corporate name adopted for the purpose of transacting business in Fl		-
2. TEXA	AS USA ountry under the law of which it is incorporated)  3. 82 - 2 05 8 5 15 (FEI number, if applicable)		
(State or co	ountry under the law of which it is incorporated) (FEI number, if applicable)		•
4. 66	-02-2017		
(I	- 02 - 2017  (Date of incorporation)  5.  (Date of duration, if other than perpetual)		-
6.			
	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)		•
725	SOUTH Short Orive Ret Isabel TX 18518  (Principal office address)  BOX 129 PORT ISABEL TX 18518  (Current mailing address, if different)		
1	(Principal office address)		_
000	Proceedings of the second of t		
<u> 7.0. 6</u>	50% 129 10101 (SABEC /x 183/8		
	(Current maning address, it different)		
8. Name and s	street address of Florida registered agent: (P.O. Box NOT acceptable)	~	
		75	
Name	e: Your Capital Connection, Inc. 417 E VIRGINIA ST		
Office Address	SUITE I		
	TALLAHASSEE, FL 32301	10	•
		/"H:02	
9. Registered	d agent's acceptance:	$\sim$	
Having been n	named as registered agent and to accept service of process for the above stated corporation	at the	place
acaignatea in i	THIS UPPRICATION, I NEVERLY ACCEPT the appointment as registered quent and quent to get in the		
iminici agree i	to comply with the provisions of all statutes relative to the proper and complete performan am familiar with and accept the obligations of my position as registered agent.	ce of n	û.
	/S/ Seth Neeley as authorized representative of Your Capital Connection, Inc.		
	(Registered agent's signature)		
	(registered agent a 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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: \_\_ Address: \_\_\_ Vice Chairman: Address: \_\_\_\_\_ Address: \_\_\_\_\_ Director: \_\_\_ **B. OFFICERS** President: JOSE G. CUEVAS Address: 128 E. CAROLYN, SOUTH PADRE I SLAND, TX 78597 P.O. BOX 129 PORT ISABEL 78578 Tx Vice President: 9 Address: Secretary: \_ Address: NOTE: If necessary, you may attack in 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

> JOSE G. CLEVAS (Typed or printed name and capacity of person signing application)

a third degree felony as provided for in s.817.155, F.S.

are true and that he or she is aware that false information submitted in a document to the Department of State constitutes

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, Certificate of Formation for PEPE TRAWLERS, INC. (file number 802736618), a Domestic For-Profit Corporation, was filed in this office on June 02, 2017.

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 1 2019.



Ruth R. Hughs Secretary of State

TID: 10264

Dial: 7-1-1 for Relay Services Document: 931503190020

Phone: (512) 463-5555 Prepared by: SOS-WEB