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COVER LETTER

TO:	Registration So Division of Co						
SUBJ	ECT:		SINAI TE	RAWLE	RS, INC.		
5050		Nam	e of corporation	on - mu	st include suffix		<u> </u>
Dear S	Sir or Madam:						
"Certi	ficate of Existen		ite of Good St	anding'	orization to Transa and check are sub Florida.		
Please	return all corres	pondence concer	ming this matt	er to th	e following:		
			GUADALUP	Е ОСН	DA		
			Name o	f Perso	n		
			SINAI TRAV	VLERS,	INC.		
			Firm/Co	mpany			_
			1595 BAY	DU COL	PRT		
				iress			
			DDOWNEY	11 1 E T	EXAS 78521		
			City/State	-			
			-				
		E-mail addre	choatrawlers@	gmail.co	m ture annual report i	notification)	
For fu	rther information	n concerning this			are amuai repore	iointeation)	2019 DEC
	FLOR ESTEL	LA ROMAN	_ at (956)	838-1986		_ 2
	Name of Pers	on	Area Co	ode	Daytime Telep	hone Number	PH g
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301					MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	4: Ot.	
Enclo	sed is a check fo	r the following a	mount:				
□ \$7	0.00 Filing Fee	☐ \$78.75 Fil Certificat	ing Fee & e of Status		7.75 Filing Fee & tified Copy	\$87.50 Fil	e of Status &

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. SINAI TRAWLERS, INC.								
	(Enter name of corporat "Inc.," "Co.," "Corp," "	ion; must include "INCORPO inc," "Co," or "Corp.")	ORATED," "C	COMPANY,"	"CORPORATION,"			
	(If name unavailable in	Florida, enter alternate corpo	rate name adop	oted for the pu	urpose of transacting b	ousiness in Florida)		
2.	TEX	3	83-1980133 (FEI number, if applicable)					
	(State or country under	the law of which it is incorp	orated)	(FEI number, if applicable)				
4.	7/31/2018		5.		PERPETUAL			
	(Date of inco	prporation)		(Date o	f duration, if other tha	an perpetual)		
6.	NO	ONE						
		(Date first transacted (SEE SECTIONS 607.150	1 & 607.1502,	F.S., to determ	mine penalty liability)			
7.	1595 BAYOU COURT BROWNSVILLE TEXAS 78521							
	(Principal office address)							
	SAME AS ABOVE							
		(Сиг	rent mailing ac	ldress, if diffe	erent)	1908		
8.	Name and street addr	ess of Florida registered ap	gent: (P.O. B	ox <u>NOT</u> aco	ceptable)	2		
	Name:	CHRISTINE GALA		_		PH 1		
Oi	ffice Address:	1300 MAIN STREE	T	-		2119 OFC - 2 PH 4: 04		
		FORT MYERS BEA	ACH	_ , Florida _	33931			
		(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.

(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.

11. Names	and business addresses of officers and/or directors:		
A. DIREC	CTORS		
Chairman: _			
Address:			
		<u> </u>	
Vice Chairm	nan:		<u>. </u>
Address:			
Director:			
			
Director:			
Address			
B. OFFIC	CERS		
President: _	GUADALUPE OCHOA		
Address:	1595 BAYOU COURT		
_	BROWNSVILLE, TEXAS 78521	2019	
Vice Preside	ent:	19 DEC	g fi
			2 n= 13 2 n= 72
		P	** ** ********************************
Secretary:		+: (orași) ————————————————————————————————————
	necessary, you may attach an addendum to the application listing additional officers and/or of		
14. 24	Signature of Director or Officer		
The officer are true an	r or director signing this document (and who is listed in number 11 above) affirms that the fact distance of that he or she is aware that false information submitted in a document to the Department of tree felony as provided for in s.817.155, F.S.	ois stated t	ierein stitutes
13	GUADALUPE OCHOA, PRESIDENT (Typed or printed name and capacity of person signing application)		

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 SINAI TRAWLERS, INC. (file number 803081127), a Domestic For-Profit Corporation, was filed in this office on August 01, 2018.

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 November 05, 2019.



Phone: (512) 463-5555

Prepared by: Renee Guerrero

Ruth R. Hughs Secretary of State

Dial: 7-1-1 for Relay Services

Document: 925127540002

Fax: (512) 463-5709