## F20000005554

(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:
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1. F. J. P. B. 10

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## COVER LETTER

TO:		ation Section n of Corpora						
SUBJI	ECT: _	PACIFI	C SEA	RESOUR	CES	, /WC		<u> </u>
			Name	of corporation	- must	include suffix		
Dear Si	ir or Mad	dam:						
"Certif	icate of I	Existence," o	r "Certificate	orporation for a of Good Stan ransact busine	ding" a	nd check are sub	ct Business in Fl omitted to registe	orida," r the
Please	return al	l corresponde	ence concern	ing this matter	to the f	following:		
	11/16	JAM M.	MATHE	ISZ				
				Name of	Person			
	PACI	FIC SEI	A RESOL	IRCES, 1	N C			
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	, , ,	E	-mail address	s: (to be used f	or futur	e annual report	notification)	- <del></del>
For fur	ther info	rmation cond	erning this n	natter, please c	all:			1
			<b>g</b>	, [				<u>-5</u>
WILL	inn i	M MATH	ERS	at (561	) &	791 0290	ט	ඩ ඩ
	Name	of Person		Area Cod	e	Daytime Telep	hone Number	- 5
	Registr Divisio The Ce 2415 N	ET/COURIE ation Section on of Corpora intre of Tallal Monroe Str assee, FL 32	tions nassee eet, Suite 81			MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	
Please r	ed is a cl nake chec .00 Filin		ollowing am FLORIDA D \$78.75 Filir Certificate	EPARTMENT  ng Fee &	\$78.7	ATE 5 Filing Fee & fied Copy	\$87.50 Fi Certificat Certified	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.

TH HAIRC BRAVAIL	able in Florida, enter alternate corporate name add	opted for the purpose of transacting busin	ness in Florida)
`	·		
(State or countr	○ch(≥	(FEI number, if applicable	(e)
1495	5.		
(Date	55.	(Date of duration, if other than pe	erpetual)
HAS NO	T CONDUCTED BUSINESS IN F	(01711)#	<u>.</u>
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	lorida, if prior to registration)	<del>-</del>
333 FI	ERM ST, STE 1002, WEST PAC	M BEACH, FL 33401	, 
	(Principal office	street address)	
	(Current mailing a	address, if different)	
Mama and atra-	at addrage of Florida registered quent: (P.O. I	Roy MOT acceptable)	
	et address of Florida registered agent: (P.O. I	Box NOT acceptable)	بأن
	et address of Florida registered agent: (P.O. I	Box <u>NOT</u> acceptable)	~
Name:	WICCIAM M. MATHERS		~.; ; 
Name:	DICCIAM M. MATHERS  333 FERN ST, STE 1002		1 . ·
Name:	DICCIAM M. MATHERS  333 FERN ST, STE 1002		
Name:	WICCIAMY M. MATHERS  333 FERW ST, STE 1002  WEST PALM TREACH  (City)		
Name:  ffice Address:  Registered ag	WICCIAMY M. MATHERS  333 FERW ST, STE 1002  WEST PACK TREACH  (City)  ent's acceptance:	. Florida <u>3340/</u> (Zip code)	t :
Name:  ffice Address:  Registered agaving been namesignated in this	WICCIAMY M. MATHERS  333 FERW ST, STE 1002  WEST PALM TREACH  (City)	. Florida <u>3340/</u> (Zip code)  of process for the above stated corport as registered agent and agree to a	oration at the place of in this capacity

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.

(Registered agent's signature)

A. DIRECTORS							
□Chairman	Name: WILLIAM M MATHERS	□Chairman	Name:				
□Vice Chairman	Address: WEST PACT BEACH	□ Vice Chairman	Address:				
□Director	FL 33401	Director					
<b>™</b> resident		□President					
□Vice President		□Vice President					
@Secretary	□Treasurer	☐ Secretary	□Treasurer				
Other		□Other	Other				
□Chairman	Name:	□ Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		Director					
□President		□President					
□Vice President		□Vice President					
☐ Secretary	□Treasurer	Secretary	□Treasurer				
Other	Other	Other	Other				
			~;				
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director	~ · · · · · · · · · · · · · · · · · · ·				
□President		□President	<del>-</del>				
□Vice President	<del></del>	□Vice President					
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer				
□Other	Other	□Other	Other				
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.  12.   12.   13.   14.   15.   16.   17.   18.   18.   19.   19.   19.   10.							
12. Will im justification 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.							



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "PACIFIC SEA RESOURCES, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TENTH DAY OF JULY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

01:9:13 No. 01:10



Authentication: 203263138

Date: 07-10-20

2239645 8300 SR# 20206174330



October 4, 2020

WILLIAM M MATHERS 333 FERN ST #1002 WEST PALM BEACH, FL 33401 US

SUBJECT: PACIFIC SEA RESOURCES, INC.

Ref. Number: W20000113744

We have received your document for PACIFIC SEA RESOURCES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin Regulatory Specialist II

RECEIVED DEC 0 4 2020

Letter Number: 920A00019195