F220000000 42

(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



000378303790

13/27/21--01052--021 **78.78

2021 DEC 27 AH 11: 06
SECRETARY OF STATE



COVER LETTER

•	ion of Corporations			
SUBJECT:	ABREGO TRAWLERS, INC			
	Name of	corporation -	must include suffix	
Dear Sir or M	ladam:			
"Certificate o	"Application by Foreign Corp f Existence," or "Certificate of seed foreign corporation to tra	f Good Stand	ing" and check are submit	
Please return	all correspondence concerning	g this matter t	o the following:	
FRANCISCO	ABREGO			
7-00-		Name of P	erson	
ABREGO TRA	AWLERS, INC			
		Firm/Comp	any	_
1495 CAJUN	COURT			
	· · · · · · · · · · · · · · · · · · ·	Addres	s	
BROWNSVIL	LE, TEXAS 78521			
		City/State an	d Zip code	
TVASQUEZ@)PAULPIAZZA.COM			
	E-mail address:	(to be used fo	r future annual report noti	fication)
For further in	formation concerning this made	ter, please ca	II:	
TERIE VASQ	UEZ	956 t (465-7564	
Nam	e of Person	Area Code	Daytime Telephon	e Number
Regis Divis The C 2415	EET/COURIER ADDRESS: stration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303		MAILING ADD Registration Section of Corporation of Corporation of Corporation (P.O. Box 6327) Tallahassee, FL. (1997)	on orations
	check for the following amounted payable to: FLORIDA DEFing Fee \$78.75 Filing Certificate of	PARTMENT (Fee &		☐ S87.50 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.

ABREGO TRA (Enter name of c	DERS, INC orporation; must include "INCORPORATED	," "COMPANY," "CORPORATION,"	
	orp," "Inc," "Co," or "Corp.")		
ABREGO TRA	WLERS II INC		
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting busine	ss in Florida)
TEXAS	3	47-3861361	
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)	
04-08-2015		PERPETUAL	
(Date	of incorporation)	(Date of duration, if other than perp	octual)
NA _			
	· · · · · · · · · · · · · · · · · · ·	in Florida, if prior to registration) 502, F.S., to determine penalty liability)	
1495 CAJUN RD	, BROWNSVILLE, TEXAS 78521		
	(Principal of	fice <u>street</u> address)	
SAME			
	(Current maili	ng address, if different)	
Name and stree	et address of Florida registered agent: (P.	O. Box NOT acceptable)	
Name:	ERNEST DONINI		TAL SE
Office Address:	2625 CAUSEWAY BLVD		8021 DEC 27 SECRETARY ALLAHASSEE
	TMPA, FLORIDA	, Florida <u>33619</u>	C27
	(City)	(Zip code)	E OF S
Registered age	ent's acceptance:		10 ST
aving been nam	ed as registered agent and to accept serv	ice of process for the above stated corpor	
		ment as registered agent and agree to act relative to the proper and complete perfo	
id I am familiar	with and accept the obligations of my po	etative to the proper and complete perjo- ssition as registered agent.	munce of my ai
•		U U	
	V > 4. 1		
_	1 00		
	(Registered agent's 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.

A. DIRECTORS Name: _____FRANCISCO ABREGO ☐ Chairman Chairman Name: 2380 EVERGLADES RD ☐ Vice Chairman Address: ☐ Vice Chairman Address: **BROWNSVILLE, TEXAS 78521** ☐ Director Director **■**President □ President □Vice President □ Vice President ☐ Secretary ☐ Secretary ☐ Treasurer ☐ Treasurer □Other _____ □Other _____ □Other _ Other Name: ☐ Chairman Name: ☐ Chairman Address: ____ □Vice Chairman Address: ______ □ Vice Chairman Director □Director □President □ President □Vice President ______ ☐ Vice President ☐ Secretary ☐ Treasurer □ Secretary ☐ Treasurer □ Other _____ □Other ______ Other Other ____ □ Chairman Name: ____ Name: _____ Chairman □Vice Chairman Address: ______ □ Vice Chairman Address: □ Director Director □President □President ☐Vice President ☐ Vice President ☐ Secretary Treasurer ☐ Secretary □ Treasurer □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 individual) may be added to the index wher filling your Florida Department of State Annual Report form. 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. FRANCISCO ABREGO-PRESIDENT

13.

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 ABREGO TRAWLERS, INC. (file number 802190984), a Domestic For-Profit Corporation, was filed in this office on April 08, 2015.

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 29, 2021.



John B. Scott Secretary of State

TID: 10264

Dial: 7-1-1 for Relay Services Phone: (512) 463-5555 Fax: (512) 463-5709 Document: 1097407820002 Prepared by: SOS-WEB