F23000000118

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Dx	ocument Number)	
(50	ournone (volingor)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	Soft
	Ş	5000





400398248484

12/09/22--01081--008 **78.75

1023 J - - 5 E. 31 A

S F 7 1003

COVER LETTER

TO:	Registration Section Division of Corporation					
SUBJ	FCT·	осноа 8	& SON TRAWI	LERS, INC.		
0000		Name of cor	rporation - mu	st include suffix		
Dear S	Sir or Madam:					
"Certi	iclosed "Application ficate of Existence," referenced foreign c	or "Certificate of G	ood Standing"	and check are subr		
Please	return all correspon	dence concerning th	is matter to the	following:		
		GUA	DALUPE OCH	OA		
		1	Name of Perso	n		
		OCHOA & S	ON TRAWLER	S, INC.		
		F	irm/Company			
		1595 BAY	OU COURT			181.
			Address			
		BROWNSVILI	LE, TEXAS 78	521		1
		Cit	y/State and Zij	code		
		ochoatrawler	s@gmail.com			
		E-mail address: (to	be used for fut	ure annual report n	otification)	·.
For fu	rther information co	ncerning this matter,	, please call:			(,
	FLOR E ROMAN	at (956	838-1986		
	Name of Person	A	rea Code	Daytime Teleph	one Number	_
	STREET/COURI Registration Section Division of Corporation Control The Centre of Tall 2415 N. Monroe S Tallahassee, FL 3	on rations ahassee treet, Suite 810		MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, Fi	ection rporations	
Please	ted is a check for the make check payable to 0.00 Filing Fee	_	. & □ \$78.	TATE 75 Filing Fee & tified Copy	S87.50 Fili Certificate Certified C	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. OCHOA & SON TRAWLERS, INC.						
(Ente "Inc.,	r name of co " "Co.," "Co	rporation; must include "INCORPO rp." "Inc," "Co," or "Corp.")	ORATED," "C	COMPANY," "CORPORATION,"		
(If na	me unavailal	ble in Florida, enter alternate corpo	rate name adop	oted for the purpose of transacting bu	siness in Florida)	
2.	TEXAS		3	88-2472238		
(Sta	te or country	under the law of which it is incorp	orated)	(FEI number, if application	ible)	
4.	5/13/2022		5.	PERPETUAL		
··	(Date of incorporation)			(Date of duration, if other than	perpetual)	
6.	NONE					
7		1595 (Pri		F.S., to determine penalty liability) JRT 1300 was ville, 1 treet address)	TX 78521	
		(Сип	rent mailing ad	dress, if different)		
8. Nam	e and street	address of Florida registered ag	gent: (P.O. Be	ox <u>NOT</u> acceptable)		
	Name:	CHRISTINE GALA		<u></u>	:}: ;	
Office Address:	Address:	1300 MAIN STREET				
		FORT MYERS BEACH		, Florida 33931	ζ.	
		(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.

A. DIRECTORS			ΔΙ	1 ,	0	n
	Name Clus de luje Ochos	□Chairman	Name: <u> </u>	berto	(Cel	100
	1595 BAYOU COURT	□Vice Chairman	Name: Al Address: 150	95 PM	You	Carl
□Director _	Brownsville Tx 78521	□Director	Dawn	sville,	Tx -	1852
President		□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			.	
□Vice President		□Vice President				
☐Secretary	☐ Treasurer	☐ Secretary		□Treasure	r	
Other	□Other	□Other		□Other	<u> </u>	
					· ·	
□Chairman	Name:	□Chairman	Name:		ري ح	
□Vice Chairman	Address:	□Vice Chairman	Address:		<u>.</u>	
□Director		□Director			- ਹਾ	
□President		□President			,	
□Vice President		□Vice President				
□Secretary	☐ Treasurer	☐ Secretary		□Treasur	er	
Other	Other	Other		□Other _		
individuals may b	Use an attachment to report more than six (6). The a see added to the index when filing your Florida Depart	ment of State Affinaal	Report total.			
she is aware that s.817.155, F.S.	ector signing this document (and who is listed in num false information submitted in a document to the Dep ADALUPE OCHOA	nber 11 above) affirms partment of State const	that the facts stritutes a third dep	ated herein are gree felony as p	true and provided	d that he or

John B. Scott Secretary of State

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 OCHOA & SON TRAWLERS, INC. (file number 804566403), a Domestic For-Profit Corporation, was filed in this office on May 13, 2022.

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 21, 2022.

John B. Scott

Secretary of State

Phone: (512) 463-5555 Fax: (512) 463-5709 Dial: 7-1-1 for Relay Services Prepared by: SOS-WEB TID: 10264 Document: 1198502110003

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



December 17, 2022

GUADALUPE OCHOA 1595 BAYOU COURT BROWNSVILLE, TX 78521 US

SUBJECT: OCHOA & SON TRAWLERS, INC.

Ref. Number: W22000155598

We have received your document for OCHOA & SON TRAWLERS, INC. and your check(s) totaling \$78.75. 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.

Each officer should be separated on the application by name, title and address.

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

Letter Number: 422A00028170