

M19000008647

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

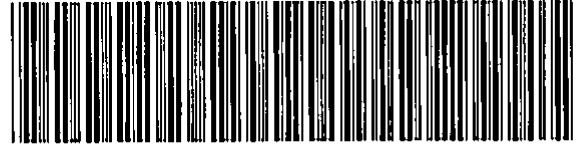
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/20/19--01317--003 **75.75

09/03/19--01005--021 **51.25

2019 SEP -9 PM 2:53
SEP 09 2019

SEP 09 2019

M. SOLOMON



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 4, 2019

JUAN FRANCISCO ESQUIVEL
PO BOX 1626
PORT ISABEL, TX 78578

SUBJECT: KIKO TRAWLERS LLC
Ref. Number: W19000062336

2019 SEP -9 PM 2:35

We have received your document for KIKO TRAWLERS LLC . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a Florida LLC, but your entity is a Foreign LLC. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Mel Solomon
Regulatory Specialist II Supervisor

Letter Number: 619A00018182



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 6, 2019

JUAN FRANCISCO ESQUIVEL
PO BOX 1626
PORT ISABEL, TX 78578

SUBJECT: KIKO TRAWLERS LLC
Ref. Number: W19000062336

We have received your document for KIKO TRAWLERS LLC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

There is a balance due of \$51.25.

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) 245-6842.

Deborah Bruce
Corporate Records Supervisor II

Letter Number: 319A00013651

RECEIVED

AUG 29 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KIKO TRAWLERS LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

JUAN FRANCISCO ESQUIVEL

Name of Person

KIKO TRAWLERS LLC

Firm/Company

2380 EVERGLADES RD

Address

BROWNSVILLE, TEXAS 78521

City/State and Zip Code

garciabookkeeping@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TERIE VASQUEZ

756

831-9373

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**



\$125.00 Filing Fee



\$130.00 Filing Fee &
Certificate of Status



\$155.00 Filing Fee &
Certified Copy



\$160.00 Filing Fee, Certificate
of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. KIKO TRAWLERS LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

KIKO TRAWLERS 1 LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. TEXAS

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 47-3597963

(FBI number, if applicable)

4. NONE

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2380 EVERGLADES RD

(Street Address of Principal Office)

6. SAME

(Mailing Address)

BROWNSVILLE, TEXAS 78521

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: GRANT ERICKSEN

Office Address: 1100 SHRIMP BOAT LANE

FT. MYERS BEACH

(City)

Florida 33931

(Zip code)

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)

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:

Name and Address:

☒ Manager

Name: JUAN FRANCISCO ESQUIVEL

☐ Member

Address: 3053 HUNTINGTON CT

☐ Authorized

BROWNSVILLE, TEXAS 78521

Person

PRESIDENT

☐ Other

☐ Other

☐ Manager

Name: _____

☐ Member

Address: _____

☐ Authorized

Person

☐ Other

☐ Other

☐ Manager

Name: _____

☐ Member

Address: _____

☐ Authorized

Person

☐ Other

☐ Other

Title or Capacity:

Name and Address:

☐ Manager

Name: _____

☐ Member

Address: _____

☐ Authorized

Person

☐ Other

☐ Other

☐ Manager

Name: _____

☐ Member

Address: _____

☐ Authorized

Person

☐ Other

☐ Other

☐ Manager

Name: _____

☐ Member

Address: _____

☐ Authorized

Person

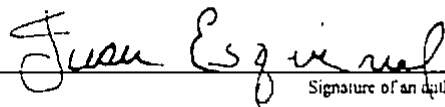
☐ Other

☐ 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.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.



Signature of an authorized person

JUAN ESQUIVEL

Typed or printed name of signer

2018 SEP -9 PM 2:53



Office of the Secretary of State

Certificate of Fact

The undersigned, as Deputy Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Kiko Trawlers LLC (file number 802186153), a Domestic Limited Liability Company (LLC), was filed in this office on March 31, 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 June 07, 2019.



A handwritten signature in black ink, appearing to be "JE", followed by a long horizontal line extending to the right.

Jose A. Esparza
Deputy Secretary of State