

F14000000758

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

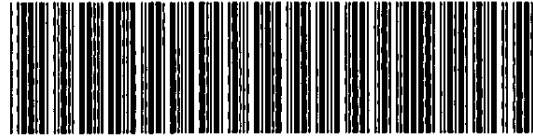
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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February 13, 2014

New Filing Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: application of Accurate Financial Partners Inc. for a certificate of authority

To whom it may concern –

Enclosed please find the application of the above referenced company for a certificate of authority to do business in Florida. You will also find a check in the required amount and any other documents that are required to be submitted with this application. Please send any filed documents or certificates or questions to the undersigned at:

Pinnacle Licensing Solutions, Inc.
103 N. Goliad, Suite 204
Rockwall, TX 75087

Sincerely yours,

A handwritten signature in cursive script that reads "Carol Cox".

Carol Cox
carol@choosePINNACLE.com

Enclosures

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Accurate Financial Partners Inc.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Jeff Wood
Name of Person

PINNACLE LICENSING SOLUTIONS, INC.
Firm/Company

104 N. Goliad, Suite 204
Address

Rockwall, TX 75087
City/State and Zip code

jeff@choosePINNACLE.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeff Wood at (214) 329-4529
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 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.

1. Accurate Financial Partners Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Wyoming 3. 45-5408662
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 05-24-2012 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. N/A (12/1/13)
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 600 17th Street. Suite 2800 South. Denver, CO 80202
(Principal office address)

600 17th Street. Suite 2800 South. Denver, CO 80202
(Current mailing address)

8. third party debt collections
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: C T Corporation System


Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

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TALLAHASSEE, FLORIDA

10. **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)

11. 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.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Jason Bure

Address: 600 17th Street, Suite 2800 South
Denver, CO 80202

Director: _____

Address: _____

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B. OFFICERS

President: Jason Bure

Address: 600 17th Street, Suite 2800 South
Denver, CO 80202

Vice President: _____

Address: _____

Secretary: _____

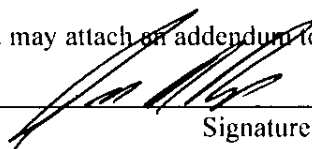
Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____



Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 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.

14. Jason Bure, President/Owner

(Typed or printed name and capacity of person signing application)

State of Wyoming

Office of the Secretary of State



United States of America,
State of Wyoming } ss.

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VALERIE ROBERTSON

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Accurate Financial Partners is a Profit Corporation

formed or qualified under the laws of Wyoming did on **May 24, 2012**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2012-000622912**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 7th day of February, 2014 at 11:09 AM.



Max Maxfield

Secretary of State

By *Rosalie Gonzales*

Rosalie Gonzales