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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 MAR -4 PM 1: 06

MAR 0 7 2016 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporation	ons			
SUBJECT: Openessence Inc				
	Name of corporat	ion - must include suffix		
Dear Sir or Madam:				
The enclosed "Application by "Certificate of Existence," or above referenced foreign corp	"Certificate of Good S	tanding" and check are sub		
Please return all corresponden	ce concerning this ma	tter to the following:		
Jorge L. Martinez, CPA				
	Name	of Person		=
Martinez-Marquez, CPA, PA			お 三	
	Firm/C	ompany		
6303 Blue Lagoon Drive, Suite 2	00		1_	
	Ad	dress	74.	
Miami, FL 33126			·	
	City/State	e and Zip code	<u>6</u>	
jorge@mgccpa.net				
E-n	nail address: (to be use	ed for future annual report	notification)	
For further information concer	rning this matter, pleas	se call:		
Jorge L. Martinez, CPA	at (305) 274-2626		
Name of Person	Area C	ode Daytime Telep	hone Number	
STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons r Circle 1	MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	Section orporations 7	
	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. Openessence, Inc.		
(Enter name of corporation; must include "INCORPORA" lnc.," "Co.," "Corp," "lnc," "Co," or "Corp.")	TED," "COMPANY," "CORPORA	ATION,"
,		•
(If name unavailable in Florida, enter alternate corporate	name adopted for the purpose of tran	usacting business in Florida)
2. New York	3. 20-4073360	sauting custiness in Fierras,
(State or country under the law of which it is incorporate		r, if applicable)
4. 01/05/2006	5.	
(Date of incorporation)	(Date of duration, if	other than perpetual)
6. <u>01/01/2015</u>		
·	ness in Florida, if prior to registration	•
	607.1502, F.S., to determine penalty	naomity)
7,31 SE 6th Street, Unit 2301 Miami, FL 33131	Principal office address)	တို နိုင်ငံ
(1	Tincipal office address)	LAH LAH MAR
(Current mailing address, if different)		
8. Name and street address of Florida registered agent	: (P.O. Box <u>NOT</u> acceptable)	Y OF SIX
Name: Jorge L. Martinez, CPA		9 22
Office Address: 6303 Blue Lagoon Drive, Suite 200		•
Miami	, Florida 33126	
	, 1 101 Ida <u>55125</u>	

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.

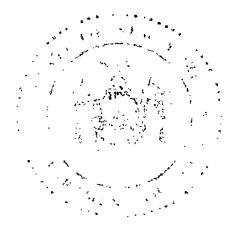
11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Vice Chairman: Address: Director: __ Address: Director: __ **B. OFFICERS** President: David Engel Address: 31 SE 6th Street, Unit 2301 Miami, FL 33131 Vice President: Aracelis Engel Address: 31 SE 6th Street, Unit 2301 Miami, FL 33131 Secretary: ___ Address: __ Treasurer: __ Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. 13. _____

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

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of OPENESSENCE INC. was filed on 01/05/2006, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

The Biennial Statement is past duc.



SECRETARY OF STATE TALLAHASSEE FLORED

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 10th day of February 1000 thousand and sixteen.

Chrisiny Sierdina

Executive Deputy Socretary of State