

M14000001077

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

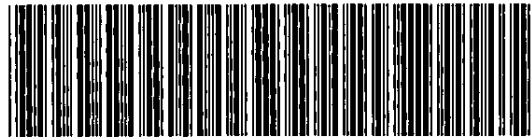
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2014 FEB 13 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 14 2013

T. HAMPTON

5885-410

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Open Assets, 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:

Jeff Wood

Name of Person

PINNACLE Licensing Solutions, Inc.

Firm/Company

103 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

Name of Contact Person

at (**214**) **329-4529**

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:

☒ \$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



January 17, 2014

Division of Corporations
Registration Section
PO Box 6327
Tallahassee, FL 32314

Application of Open Assets, LLC 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 black ink that reads "Carol Cox". The signature is fluid and cursive.

Carol Cox
carol@choosePINNACLE.com

Enclosures



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 27, 2014

JEFF WOOD
PINNACLE LICENSING SOLUTIONS INC
103 N GOLIAD - STE 204
ROCKWALL, TX 75087

SUBJECT: OPEN ASSETS, LLC
Ref. Number: W14000005225

We have received your document for OPEN ASSETS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

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.

Tammy Hampton
Regulatory Specialist III

Letter Number: 814A00001752

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

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

1. **Open Assets, LLC**

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

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

3. **46-3645970**

(FEI number, if applicable)

4. _____

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

5. **21 E. Sixth St., Suite 415**

Tempe, AZ 85281

(Street Address of Principal Office)

6. **21 E. Sixth St., Suite 415**

Tempe, AZ 85281


(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Shawn Bure, 21 E. Sixth St., Suite 415, Tempe, AZ 85281 - mgr

Jason Bure, 21 E. Sixth St., Suite 415, Tempe, AZ 85281 - mgr

8. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)



Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Shawn Bure

Typed or printed name of signee

FILED
2014 FEB 13 PM 1:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Open Assets, LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

C T Corporation System

(Name)

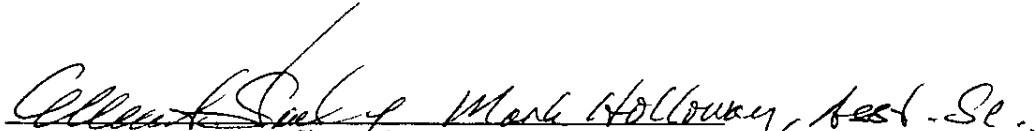
1200 South Pine Island Road

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Plantation, FL 33324

City/State/Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.


(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

FILED
2014 FEB 13 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF WYOMING
Office of the Secretary of State

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


Open Assets, LLC
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **June 19, 2013**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2013-000645645**.

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 25th day of November, 2013 at 9:54 AM. This certificate is assigned 014709424.




Secretary of State