

MI70000000630

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

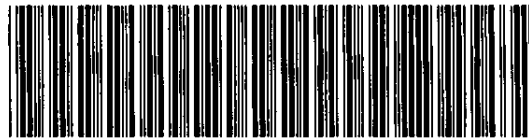
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S. YOUNG

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TALLAHASSEE, FLORIDA  
17 JAN 23 PM 4:59

# Pinnacle Creative

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85 Broad St., 16<sup>th</sup> Floor  
New York, NY. 10004

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

**RE: OPTIMAL SETTLEMENT SERVICES LLC - Application for Foreign Qualification by an LLC**

**Dear Sir/Madam:**

Please find enclosed herewith the Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, the Certificate of Existence, and a check in the amount of \$125.00 made payable to "Florida Department of State."

Kindly process this in accordance with your procedures and the law.

If you have any questions or issues with the application **please contact the undersigned at 860-716-9665 or via e-mail at [Roberto@PinnacleCreativeStudio.com](mailto:Roberto@PinnacleCreativeStudio.com)**, and I will address any concerns you may have.

Thank you for your courtesy and cooperation in advance.

**Sincerely,**

**Roberto Abreu**  
***Compliance Consultant***

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TALLAHASSEE, FLORIDA  
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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: OPTIMAL SETTLEMENT SERVICES 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:

**Roberto Abreu**

Name of Person

**Pinnacle Creative Studio**

Firm/Company

**85 Broad Street, 16th FL**

Address

**New York, NY. 10004**

City/State and Zip Code

**marksavedra@hotmail.com**

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

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SECRETARY OF FLORIDA  
TALLAHASSEE, FLORIDA  
17 JAN 23 PM 4:59

For further information concerning this matter, please call:

**Roberto Abreu**

Name of Contact Person

at ( **860** )

Area Code

**716-9665**

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

**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. **OPTIMAL SETTLEMENT SERVICES 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. **Delaware** 3. **81-4295319**  
(Jurisdiction under the law of which foreign limited liability  
company is organized) (FEI number, if applicable)

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

5. **1001 Bayhill Drive, Suite 200**  
**San Bruno, CA. 94066**  
(Street Address of Principal Office)

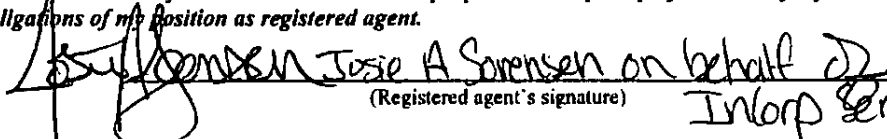
6. **1001 Bayhill Drive, Suite 200**  
**San Bruno, CA. 94066**  
(Mailing Address)

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

Name: **InCorp Services, Inc.**  
Office Address: **17888 67th Court North**  
**Loxahatchee**, Florida **33470**  
(City) (Zip code)

**Registered agent's acceptance:**

*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 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) **InCorp Services, Inc.**

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

**Mark Saavedra, Owner**

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)

DocuSigned by:

**Mark Saavedra**

11/19/2016

Signature of an authorized person

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.

**Mark Saavedra**

Typed or printed name of signee

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TALLAHASSEE, FLORIDA  
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# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "OPTIMAL SETTLEMENT SERVICES LLC" IS  
DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD  
STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS  
OFFICE SHOW, AS OF THE NINETEENTH DAY OF NOVEMBER, A.D. 2016.

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TALLAHASSEE, FLORIDA  
17 JAN 23 PM 4:59



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SR# 20166619844

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State

Authentication: 203368091

Date: 11-19-16