

(Re	equestor's Name)	
(Ac	dress)	
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(Ci	ty/State/Zip/Phone	e #)
		MAIL
(Bu	isiness Entity Nan	ne)
(Dc	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use On	lv



04/16/18--01007--023 **130.00





TO: **Registration Section Division of Corporations**

OPEN RANGE FIELD SERVICES, LLC

SUBJECT:

.

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:

MICHELE DYSON

Name of Person

OPEN RANGE FIELD SERVICES, LLC

Firm/Company

PO BOX 2372

Address

PAMPA TX 79066-2372

City/State and Zip Code

MICHELE.DYSON@OPENRANGEFS.COM

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

;;

For further information concerning this matter, please call:

MICHELE DYSON	806 at (665-0770 :	
Name of Contact Person	Area Code	Daytime Telephone Num	iber
		• -	σ
MAILING ADDRESS:		STREET ADDRESS:	
Division of Corporations		Division of Corporations, 2	U
Registration Section		Registration Section	دن
P.O. Box 6327		Clifton Building	<u>.</u>
Tallahassee, FL 32314		2661 Executive Center Circle	و_
		Tallahassee, FL 32301	

chelosed is a check for the follow	ving anount.		
\$125.00 Filing Fee	🗹 \$130.00 Filing Fee &	🗆 \$155.00 Filing Fee &	□ \$160.00 Filing Fee, Certificate
	Certificate of Status	Certified Copy	of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION (05:002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN-LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA;

L. OPEN RANGE FIELD SERVICES, LLC

;

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

TENDO		nda The alternate name must include "Limited	Liability Company," "L.E.C," or "LLC ")
2. TEXAS		3. 46-4651270	
	which foreign limited liability company is organized)		unber, if applicable)
4. 04-09-18			
· · · -	(Date first transacted business in Florida, if prior to) (See sections 605/0904 & 605/0905, F.S. to determ	registration) ne penalty liability)	
5. 1503 S. BARNES		6. PO BOX 2372	
(Street Address of	Principal Office)	(Mailing 2	
PAMPA TX 79065		PAMPA TX 79066-2373	2
USA		USA	
7. Name and street addre	ss of Florida registered agent: (P.O. Box	NOT accentable)	
	C T Corporation System		
Name:	c r corporation system	<u> </u>	
Office Address:	1200 South Pine Island Road		
	Plantation	Florida <u>33324</u> (2ap.	
	(Uuy)	(Zap.	code)
Registered agent's accept	otance:		
	egistered agent and to accept service of p		
designated in this applica	egistered agent and to accept service of p ation, I hereby accept the appointment a	s registered agent and agree to a	ct in this capacity. I further agi
designated in this applied to comply with the provis	egistered agent and to accept service of p	s registered agent and agree to a	ct in this capacity. I further agi
designated in this applied to comply with the provis	egistered agent and to accept service of p ation, I hereby accept the appointment as sions of all statutes relative to the proper as of my position as registered agent.	s registered agent and agree to a	ct in this capacity. I further aging duties, and I am familiar with
designated in this applied to comply with the provis	egistered agent and to accept service of p ation, I hereby accept the appointment as sions of all statutes relative to the proper as of my position as registered agent. By: C T Corporation System	registered agent and agree to a and complete performance of m Drug 24	ct in this capacity. I further agr y duties, and I am familiar with Bree Zahner,
designated in this applied to comply with the provis	egistered agent and to accept service of p ation, I hereby accept the appointment as sions of all statutes relative to the proper as of my position as registered agent.	registered agent and agree to a and complete performance of m Drug 24	ct in this capacity. I further aging duties, and I am familiar with
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designated in this applied to comply with the provis and accept the obligation 8. The name, title or cap	egistered agent and to accept service of p ation. I hereby accept the appointment as sions of all statutes relative to the proper as of my position as registered agent. By: C T Corporation System (Registered agent's spacity and address of the person(s) who ha <u>Name and Address:</u> MICHELE DYSON	s registered agent and agree to a and complete performance of m but the performance of m but the performance of m but the performance of m but the performance of the performance s/have authority to manage is/are	ct in this capacity. I further agn y duties, and I am familiar with Bree Zahner, Assistant Secretary Name and Address: JAMES KANTOLA
 designated in this applied to comply with the provision and accept the obligation 8. The name, title or cap <u>Title or Capacity;</u> 	egistered agent and to accept service of p ation. I hereby accept the appointment as sions of all statutes relative to the proper as of my position as registered agent. By: C T Corporation System (Registered agent's second sec	s registered agent and agree to a and complete performance of m Duration of the second second stenatures s/have authority to manage is/are <u>Title or Capacity:</u>	ct in this capacity. I further agr y duties, and I am familiar with Bree Zahner, Assistant Secretary Name and Address:
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designated in this applied to comply with the provis and accept the obligation 8. The name, title or cap <u>Title or Capacity:</u> <u>AUTHORIZED AC</u>	egistered agent and to accept service of p ation. I hereby accept the appointment as sions of all statutes relative to the proper as of my position as registered agent. By: C T Corporation System (Registered agent's of cacity and address of the person(s) who ha <u>Name and Address:</u> MICHELE DYSON <u>PO BOX 2372</u> <u>PAMPA TX 79066-2372</u>	s registered agent and agree to a and complete performance of m but agenature: s/have authority to manage is/are <u>Title or Capacity:</u> SECRETARY/TRI	ct in this capacity. I further agn y duties, and I am familiar with Bree Zahner, Assistant Secretary Name and Address: JAMES KANTOLA PO BOX:2372

(Use attachments if necessary)

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 in third degree follows provided for in s.817.155, F.S.

2)

MICHELE DYSON

are of an authorized person

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697

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Rolando B. Pablos Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Open Range Field Services, LLC (file number 801914784), a Domestic Limited Liability Company (LLC), was filed in this office on January 14, 2014.

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 April 11, 2018.



Rolando B. Pablos Secretary of State

