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Elliot Legal Group

August 27, 2021

Via Certified Mail, Return Receipt Requested

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

Re: Registration of Foreign Limited Liability
Company, OPENMIND, LLC

To whom it may concern,

I hope this correspondence finds you well.

My firm has been retained to represent OPENMIND, LLC for the purposes of its registration as Foreign Limited Liability Company. In furtherance thereof, please find enclosed the Cover Letter, Application, Certificate of Existence and a check in the amount of \$160.00.

Respectfully,

Gavin Tudor Elliot, Esq.

Encl. Cover Letter
 Application
 Certificate of Existence
 Check in the amount of \$160 made out to the Florida Department of State

Fort Lauderdale Office:
3101 Northeast Federal Highway, Ste 600
Fort Lauderdale, Florida 33306
Phone: 754- 332-2101
Email: admin@elliottlegal.com

5

OPENMIND LLC

Name of Limited Liability Company

LABORERS, and others are summoned to testify at above referenced foreign affairs hearing, commencing at 10:00 a.m. on Tuesday, June 15, 1948, in the Senate Chamber of the U.S. Capitol Building, Washington, D.C.

1. *How many people are there in your family?*

Gavin Tudor Elliott

Name of Person _____

The Elliot Legal Group, P.A.

Firm/Company	1990	1991	1992	1993	1994	1995
1. General Electric	100	100	100	100	100	100
2. IBM	95	95	95	95	95	95
3. Microsoft	90	90	90	90	90	90
4. Intel	85	85	85	85	85	85
5. Sun Microsystems	80	80	80	80	80	80
6. Oracle	75	75	75	75	75	75
7. Hewlett-Packard	70	70	70	70	70	70
8. Apple	65	65	65	65	65	65
9. Cisco	60	60	60	60	60	60
10. Dell	55	55	55	55	55	55
11. Compaq	50	50	50	50	50	50
12. Texas Instruments	45	45	45	45	45	45
13. AMD	40	40	40	40	40	40
14. AMD	35	35	35	35	35	35
15. AMD	30	30	30	30	30	30
16. AMD	25	25	25	25	25	25
17. AMD	20	20	20	20	20	20
18. AMD	15	15	15	15	15	15
19. AMD	10	10	10	10	10	10
20. AMD	5	5				

3101 N Federal Hwy, Ste 609

Address _____

Fort Lauderdale, Florida 33306

City/State and Zip Code

galliot@elliottlegal.com

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

For further information concerning this matter, please call: (800) 633-6277 or (800) 633-6278. www.fishbase.org

Gavin Tudor Elliot 754 332-2101

754 332-2101

332-2101

at () 352-2101

Name of Contact Person _____ Area Code _____ Daytime Telephone Number _____

Area Code. . . . Daytime Telephone Number

Daytime Telephone Number 415-774-1100

Mailing Address: _____ **Street Address:** _____

Street Address: 4101 14th St NW

Registration Section

Registration Section

Division of Corporations : Division of Corporations

Division of Corporations

P.O. Box 6327 The Centre of Tallahassee

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☒ \$160.00 Filing Fee, Certificate

☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☒ \$160.00 Filing Fee, Certificate has

☐ \$155.00 Filing Fee & no ☒ \$160.00 Filing Fee; Certificate has

\$160.00 Filing Fee, Certificate

Certificate of Status - Certified Copy of Status & Certified Copy

Certified Copy 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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Open Mind, L.L.C.
(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. North Carolina
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 46-5533571
(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. Stede Bonnet Close #3014
(Street Address of Principal Office)

6. Stede Bonnet Close #3014
(Mailing Address)

Bald Head Island, NC 28461
Stede Bonnet Close #3014

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

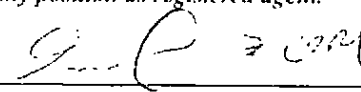
Name: The Elliot Legal Group, P.A.

Office Address: 3101 N. Federal Highway, Ste. 609

Fort Lauderdale, Florida 33306
(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)

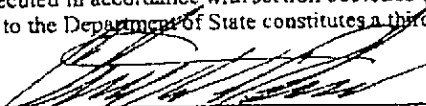
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Cheryl D Preston	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	1320 South Ocean Dr	<input type="checkbox"/> Authorized	_____
Person	Fort Lauderdale, FL 33316	Person	_____
<input checked="" type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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 a third degree felony as provided for in s.817.155, F.S.



 Signature of an authorized person

Cheryl D Preston

 Typed or printed name of signer



NORTH CAROLINA

Department of the Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

OPENMIND, L.L.C.

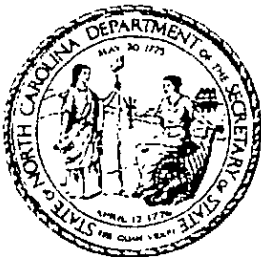
is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 11th day of September, 2018

I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company is not dissolved under the terms of its articles of organization, (ii) the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 13th day of August, 2021.

Elaine F. Marshall

Secretary of State



Scan to verify online.