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(Address)

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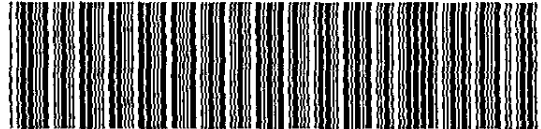
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SEALING & STATE  
TALLAHASSEE FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Pinnacle Financial Services, Inc. HQ MO  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Todd Solomon

(Name of Person)

Pinnacle Financial Services, Inc.

(Firm/Company)

424 South Woods Mill Rd, Ste 210

(Address)

Chesterfield, MO 63017

(City/State and Zip code)

For further information concerning this matter, please call:

Jennifer Cooke

(Name of Person)

at ( 314 ) 628-0200

(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee    ☐ \$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. Pinnacle Financial Services, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Pinnacle Financial Services, Inc. HQ MO

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Missouri

(State or country under the law of which it is incorporated)

3. 43-192-9483

(FEI number, if applicable)

4. 6/7/2001

(Date of incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. NA

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 424 South Woods Mill Rd, Ste 210 Chesterfield, MO 63017

(Principal office address)

424 South Woods Mill Rd, Ste 210 Chesterfield, MO 63017

(Current mailing address)

8. Mortgage Banker/Broker

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name:

Shelly K Smith

Office Address:

901 Riggins #1021

Tallahassee, FL

(City)

Florida 32308

(Zip code)

10. 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.

Shelly K Smith

(Registered agent's signature)

11. 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.

12. Names and business addresses of officers and/or directors:

STATE OF FLORIDA  
TALLAHASSEE

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**A. DIRECTORS**

Chairman: Todd Solomon

Address: 224 West Manor Dr  
Chesterfield, MO 63017

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Todd Solomon

Address: 224 West Manor Dr  
Chesterfield, MO 63017

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Todd Solomon

Address: 224 West Manor Dr  
Chesterfield, MO 63017

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

(Signature of Director or Officer listed in number 12 of the application)

14. Todd Solomon- President

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

# STATE OF MISSOURI



Robin Carnahan  
Secretary of State

**CORPORATION DIVISION  
CERTIFICATE OF GOOD STANDING**

I, ROBIN CARNAHAN, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

**PINNACLE FINANCIAL SERVICES, INC.  
00497380**

was created under the laws of this State on the 7th day of June, 2001, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 9th day of December, 2005

*Robin Carnahan*

Secretary of State

