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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only

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COVER LETTER

TO: New Filing Section Division of Corpor						
SUBJECT: Pinnacle Circuits Inc.						
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," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.						
Please return all correspond	dence concerning this ma	atter to the following:				
Madhu Patel						
Name of Person						
Pinnacle Circuits Inc.						
Firm/Company						
3 Golf Center #280						
Address						
Hoffman Estate IL		***************************************				
City/State and Zip code						
mpatel62@gmail.com						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Madhu Patel Name of Person Area Code & Daytime Telephone Number						
Name of Person Area Code & Daytime Telephone Number		ne Number	7 SE			
				20		
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		New Filing Sec Division of Cor P.O. Box 6327	MAILING ADDRESS: New Filing 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 Filin Certificate o Certified Co	of Status &		



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 6, 2011

MADHU PATEL 3 GOLF CENTER #280 HOFFMAN ESTATE, IL 60169-4910

RECEIVED MAY 2 2011

SUBJECT: PINNACLE CIRCUITS INC.

Ref. Number: W11000012077

We have received your document for PINNACLE CIRCUITS INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any further questions concerning your document, please call (850) 245-6973.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 211A00008388



RECEIVED

11 APR -4 PM 1: 32

DINUSION OF CORPORATIONS

FLORIDA DEPARTMENT OF STATE Division of Corporations

March 2, 2011

MADHU PATEL 3 GOLF CENTER #280 HOFFMAN ESTATE, IL 60169-4910

SUBJECT: PINNACLE CIRCUITS INC.

Ref. Number: W11000012077

We have received your document for PINNACLE CIRCUITS INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

Please return the corrected original and one copy of 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) 245-6973.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 711A00005221

2811 MAY -2 PM L: OB

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.

	orp," "Inc," "Co," or "Corp.")	TED," "COMPANY," "CORPORATION,"
(If name unavail	able in Florida, enter alternate corporate	name adopted for the purpose of transacting business in Florida)
<u>L</u>		_{3.} 27-3559970
(State or country	under the law of which it is incorporated	(FEI number, if applicable)
10/04/2010		_ sperpetual
(Date of incorporation) (D		(Duration: Year corp. will cease to exist or "perpetual")
. November		
		ness in Florida, if prior to registration) 607.1502, F.S., to determine penalty liability)
5100 78th	Avenue Ste #6, Pinellas Pa	
,010010011	(Principal offic	
-3 Golf Ce	nter #280, Hoffman Estat	te. IL 60169
, ,	(Current màilin	
The transaction of	of any or all lawful businesses for which co	reporation may be incorporated under IL Business Corporation Act
(Purpose(s) of corporation authorized in home state	- or country to be comind out in state of Florida)
(Purpose(of any or all lawful businesses for which constitutes) of corporation authorized in home states at address of Florida registered agent:	- or country to be comind out in state of Florida)
(Purpose(s) of corporation authorized in home state	- or country to be comind out in state of Florida)
(Purpose(:). Name and street Name:	s) of corporation authorized in home state et address of Florida registered agent: Karen Kindt	e or country to be carried out in state of Florida)
(Purpose(: . Name and <u>stre.</u> Name;	s) of corporation authorized in home state et address of Florida registered agent: Karen Kindt 5100 78th Ave. Suite #6	e or country to be carried out in state of Florida) (P.O. Box NOT acceptable)
(Purpose(: . Name and <u>stre.</u> Name;	s) of corporation authorized in home state et address of Florida registered agent: Karen Kindt 5100 78th Ave. Suite #6	e or country to be carried out in state of Florida) (P.O. Box NOT acceptable)
(Purpose(: . Name and street Name;	s) of corporation authorized in home state et address of Florida registered agent: Karen Kindt 5100 78th Ave. Suite #6	e or country to be carried out in state of Florida) (P.O. Box NOT acceptable)
(Purpose() Name and stree Name: Office Address:	s) of corporation authorized in home state et address of Florida registered agent: Karen Kindt 5100 78th Ave. Suite #6 Pinellas Park, (City) gent's acceptance:	e or country to be carried out in state of Florida) (P.O. Box NOT acceptable) , Florida 33781 (Zip code)
(Purpose() . Name and stree Name: Office Address: 0. Registered a	s) of corporation authorized in home state et address of Florida registered agent: Karen Kindt 5100 78th Ave. Suite #6 Pinellas Park, (City) gent's acceptance: and as registered agent and to accept	e or country to be carried out in state of Florida) (P.O. Box NOT acceptable) , Florida 33781 (Zip code)
(Purpose) Name and stree Name: Office Address: O. Registered a faving been name lesignated in this further agree to comment to the street of the street	s) of corporation authorized in home state et address of Florida registered agent: Karen Kindt 5100 78th Ave. Suite #6 Pinellas Park, (City) gent's acceptance: a de as registered agent and to accept application, I hereby accept the app comply with the provisions of all state	e or country to be carried out in state of Florida) (P.O. Box NOT acceptable) , Florida 33781 (Zip code) service of process for the above stated corporation at the cointment as registered agent and agree to act in this capatites relative to the proper and complete performance of managements.
(Purpose) Name and stree Name: Office Address: O. Registered a designated in this further agree to contact the contact of	s) of corporation authorized in home state et address of Florida registered agent: Karen Kindt 5100 78th Ave. Suite #6 Pinellas Park, (City) gent's acceptance: and as registered agent and to accept application, I hereby accept the app	e or country to be carried out in state of Florida) (P.O. Box NOT acceptable) , Florida 33781 (Zip code) service of process for the above stated corporation at the cointment as registered agent and agree to act in this capatites relative to the proper and complete performance of managements.
(Purpose) Name and stree Name: Office Address: O. Registered a faving been name lesignated in this further agree to comment to the street of the street	s) of corporation authorized in home state et address of Florida registered agent: Karen Kindt 5100 78th Ave. Suite #6 Pinellas Park, (City) gent's acceptance: a de as registered agent and to accept application, I hereby accept the app comply with the provisions of all state	e or country to be carried out in state of Florida) (P.O. Box NOT acceptable) , Florida 33781 (Zip code) service of process for the above stated corporation at the cointment as registered agent and agree to act in this capatites relative to the proper and complete performance of managements.
(Purpose) Name and stree Name: Office Address: O. Registered a faving been name lesignated in this further agree to comment to the street of the street	s) of corporation authorized in home state et address of Florida registered agent: Karen Kindt 5100 78th Ave. Suite #6 Pinellas Park, (City) gent's acceptance: a de as registered agent and to accept application, I hereby accept the app comply with the provisions of all state	e or country to be carried out in state of Florida) (P.O. Box NOT acceptable) , Florida 33781 (Zip code) service of process for the above stated corporation at the cointment as registered agent and agree to act in this capatites relative to the proper and complete performance of managements.

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:



A. DIRECTORS	ONVISION OF CORPORATION		
Chairman: Bhagvan Patel	2011 MAY -2 PM 4: 00		
Address: 6 Stonebrook Ct			
South Barrington, IL 60010			
Vice Chairman:			
Address:			
Director:			
Address:			
Director:	M		
Address:			
B. OFFICERS	——————————————————————————————————————		
President: same			
Address:			
	to a such as a substitute of the such as t		
Vice President:			
Address:			
Secretary: Madhu Patel			
Address: 382 Jennifer Lane, Roselle, IL 60172			
Treasurer: Amit Salvi			
Address: 6 Stonebrook Ct., South Barrington, IL 60172			
NOTE: If necessary, you may attach an addendum to the application lis	ting additional officers and/or directors.		
13			
Signature of Director or Offi The officer or director signing this document (and who is listed in number are true and that he or she is aware that false information submitted in a complete fallows as provided for in \$ 817.155. F.S.	er 12 above) affirms that the facts stated herein		

14, Madhu Patel

File Number

6762-917-5



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

PINNACLE CIRCUITS INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON OCTOBER 04, 2010, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 18TH day of APRIL A.D. 2011

Desse White