

FI 7 000000572

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

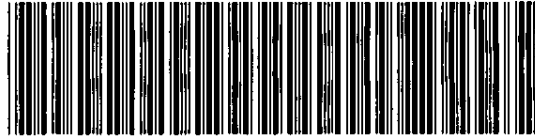
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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RECEIVED
17 JAN 31 AM 11:23

FILED
17 JAN 31 AM 7:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 1, 2017

CT

SUBJECT: PINNACLE ASSOCIATES, LTD.
Ref. Number: W17000009128

CORRECTED
PLEASE KEEP
ORIGINAL FILE
DATE
Thank you
Edie

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

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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) 245-6051.

Justin M Shivers
Regulatory Specialist II Supervisor
Registration/Qualification Section

Letter Number: 417A00002000

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

850-508-1891 (cell)

Date:

11/31/17

ACCT. 120160000072

mic SW

Name:	Pinnacle Assoc.
Document #:	
Order #:	10346631

Certified Copy of Arts & Amend:			
Plain Copy:			
Certificate of Good Standing:			
Apostille/Notarial Certification:		Country of Destination:	
		Number of Certs:	

Filing:	Certified:
	Plain:
	COGS:

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 70

Thank you!

**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.*

Pinnacle Associates, Ltd. Corp.

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

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

New York

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

January 26, 1984

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

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

335 Madison Avenue, Suite 1100, New York, New York 10017

7. _____
(Principal office address)

335 Madison Avenue, Suite 1100, New York, New York 10017

(Current mailing address, if different)

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

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

9. 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.


LAUREN KRENTZ
VICE PRESIDENT
(Registered agent's signature)

10. 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.

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17 JAN 31 AM 7:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Thomas Passios
Address: 335 Madison Avenue, Suite 1100, New York, New York 10017

Vice Chairman: John Passios
Address: 335 Madison Avenue, Suite 1100, New York, New York 10017

Director: Kimon Passios
Address: 335 Madison Avenue, Suite 1100, New York, New York 10017

Director: Peter Marron
Address: 335 Madison Avenue, Suite 1100, New York, New York 10017
[See Appendix for additional list of directors]

B. OFFICERS

President: Thomas Passios
Address: 335 Madison Avenue, Suite 1100
New York, New York 10017

Vice President: John Passios
Address: 335 Madison Avenue, Suite 1100
New York, New York 10017

Secretary: Lilia Arceo
Address: 335 Madison Avenue, Suite 1100, New York, New York 10017

Treasurer: [See Appendix for additional list of officers]
Address: _____

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

12. 
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. John T. Passios Executive Vice President
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

Appendix to Florida Application for Registration

11A. Additional Directors:

Name: James Ferrare
Address: 335 Madison Avenue, Suite 1100, New York, New York 10011

11B. Additional Officers:

Name: Peter Marron
Title: Executive Vice President
Address: 335 Madison Avenue, Suite 1100, New York, New York 10011

Name: Kimon Passios
Title: Executive Vice President
Address: 335 Madison Avenue, Suite 1100, New York, New York 10011

Name: James Ferrare
Title: Executive Vice President
Address: 335 Madison Avenue, Suite 1100, New York, New York 10011

Name: Scott M. Brown
Title: General Counsel & Chief Compliance Officer
Address: 335 Madison Avenue, Suite 1100, New York, New York 10011

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TALLAHASSEE, FLORIDA

**State of New York
Department of State } ss:**

I hereby certify, that the Certificate of Incorporation of PINNACLE ASSOCIATES, LTD. was filed on 01/26/1984, under the name of CROFTON & ASSOCIATES, INC., with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

A Certificate of Amendment CROFTON & ASSOCIATES, INC., changing its name to GUARDIAN ASSET MANAGEMENT, INC., was filed 04/04/1984.

A Certificate of Amendment GUARDIAN ASSET MANAGEMENT, INC., changing its name to PINNACLE ASSOCIATES, LTD., was filed 04/27/1984.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 24th day of January
two thousand and seventeen.*

Brendan W. Fitzgerald
Executive Deputy Secretary of State

201701250473 * EZ