

(Re	questor's Name)			
(Ad	dress)			
bA)	dress)			
(City/State/Zip/Phone #)				
		MAIL		
(Bu	siness Entity Nam	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

.

Office Use Only



11/02/18--01013--026 \*\*87.50





#### 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. Pinna	cle Performance Ir	nc,		
	orporation; must include "INCORPORATED." "Ct orp." "Inc," "Co," or "Corp.")	OMPANY," "CORPORATION,"		
	· · · · · · · · · · · · · · · · · · ·			
(If name unavail	able in Florida, enter alternate corporate name adopte	ed for the purpose of transacting busin	ess in Hiprida	•••
2. Idaho	33	37-1780760	- 2 - 2	
	y under the law of which it is incorporated)	(FEI number, if applicable	°) – – – – – – – – – – – – – – – – – – –	57
+ <u>03/20</u>	<u>[2015</u> 5 5		<u></u>	0
' (Date	of incorporation)	(Date of duration, if other than pe		
6. NA-C	ever done business in Flo	rida	Su o	
	(Date first transacted business in Flor (SEE SECTIONS 607.1501 & 607.1502, F	ida, if prior to registration)		
7. 801 Pine S	t. Stel sandpoint ID 83864	/Fl. future business	addres	$\mathbf{b}$
<u> </u>			St. Hoesti	
801 Pine St	. Ste 1 Sandpoint ID 8380 (Current mailing add	64 PTI-Sarrs		V
	(Current mailing add	fress, if different)	4475 U	51
			STE 30	
8. Name and stree	et address of Florida registered agent: (P.O. Bo	x <u>NOT</u> acceptable)	ST Aug	ustine
Name:	Robin Rush-Brewer		FL,3	2086
Office Address:	4740 Paula St.			
		. Florida <u>32145</u>		
	J (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.

u pr (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.

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

•

.

,

	ECTORS	
	Diana Brewer	
	801 Pine St. Stel	
	Sandpoint Idaho 83864	
Vice Chai	rman:	
Address:		
-		
Director:		1
Address:		=
Director:	ES 2	
		_
B. OFFI	ICERS	_
President:	Diana Brewer	
	801 Pine St. Stel	_
	Sandpoint Idaho 83864	_
	,	-
	dent:	-
Address.		-
C		_
Secretary:		-
		_
		-
	If necessary, you may attach an addendum to the application listing additional officers and/or directors.	
12	Signature of Director or Officer	
	er or director signing this document (and who is listed in number 14 above) affirms that the facts stated herein nd that he or she is aware that false information submitted in a document to the Department of State constitutes	
	gree felony as provided for in s.817.155, F.S.	

13. Diana Brewer President (Typed or printed name and capacity of person signing application)

Diana Brewer STE 1

### 801 PINE ST

SANDPOINT, ID 83864 Request Type: Certificate of Existence/Filing

#### 0003323861 Request #: 000133082 Receipt #:

Regarding: PINNACLE PERFORMANCE, INC. Filing Type: General Business Corporation (D) Formation/Qualification Date: 03/20/2015 Status: Active-Good Standing Duration Term: Perpetual

### Certificate of Existence

I, Lawerence Denney, Secretary of State of the State of Idaho, do hereby certify that effective as of the issuance date noted above

## PINNACLE PERFORMANCE, INC.

is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above.

Processed By: Business Division

# Verification #: 000103917





# STATE OF IDAHO

Lawerence Denney | Secretary of State **Business Entities Office** 450 North 4th Street PO Box 83720, Boise, ID 83702

October 25, 2018

0

File # : 618895

Issuance Date: 10/15/2018

Formation Locale: IDAHO Inactive Date:

Copies Requested:

awenne Q

Lawerence Denney Secretary of State