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EXAMINER



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EXAMINE

LAZARUS CORPORATE FILING SERVICE 3320 SW 87TH AVENUE MIAMI, FL 33165 305-552-5973

Office Use Only

	Office Use Only
CORPORATION NAME(S) & DOCU	MENT NUMBER(S), (if known):
1. PINNACLE CAP	PITAL MANAGEMENT
(Corporation Name)	(Document #)
(Corporation Name) 3.	(Document #)
(Corporation Name)	(Document #)
4. (Corporation Name)	(Document #)
Walk in Pick up time _ Mail out Will wait	2.66 Certified Copy Photocopy Certificate of Status
NEW FILINGS	<u>AMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other

Examiner's Initials

ARTICLE I - Name: The name of the Limited Liability Company is: PINNACLE CAPITAL MANAGEMENT LLC." or "LLC." (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: 15732 NW 45t PENDROLE PINES, FL 33028 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:

PEMBILOLE PINES FL 33028

City, State, and Zip

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MANAGING MEMBERL	RICATUDO BALDUCCI
MERM	15732 NW 4ST, PEMBLONE PINET FL- 33028
NEIL	DENISE R. DAVID 15732 NW 45, POMBROKE PINES FL-33028
	
	
(Use attachment if necessary)	
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LE V: Effective date, if other the fective date is listed, the date in days after the date of filing.)	nan the date of filing: (OPTIO) nust be specific and cannot be more than five business of
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LE V: Effective date, if other the fective date is listed, the date in days after the date of filing.) REQUIRED SIGNATURE: Signature of a (In accordance of this document)	nust be specific and cannot be more than five business of

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

- \$ 5.00 Certificate of Status (Optional)