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EXAMINER

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: PINNACLE INVESTM	ENTS USA, LLC
Name of Limi	ted Liability Company
The enclosed Articles of Organization and fee(s) are	ENTS USA, LLC ted Liability Company submitted for filing. tter to the following:
Please return all correspondence concerning this ma	tter to the following:
Carlos M. Fernandez	Name of Person
Carlos M. Fernandez, P.A	
7700 N. Kendall Drive, Sui	, ,
	Address
Miami, Florida 33156	
Ci	ty/State and Zip Code
CMF16CPA@AOL.COM	for future annual report notification)
,	•
For further information concerning this matter, pleas	e call:
CARLOS M. FERNANDEZ	at (305) 598-4478, ext. 102
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PINNACLE INVESTMENTS USA, 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:
7700 N. Kendall Drive, Suite 807	7700 N. Kendall Drive, Suite 807
Miami, Florida 33156	Miami, Florida 33156

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:

Carlos J.	Leal
	Name
7700 N	. Kendall Drive, Suite 807
_	Florida street address (P.O. Box NOT acceptable)
Miami	_{FL} 33156
	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)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Men	Name and Address:
MGRM	Carlos J. Leal
	7700 N. Kendall Drive, Suite 807
	Miami, Florida 33156
(Use attachment if necessary	v)
•	
CLE V: Effective date, if other effective date is listed, the date of filing	r than the date of filing: (OPTIONAL) te must be specific and cannot be more than five business days p
REQUIRED SIGNATURE	;; Λ Λ
	f a member of an authorized representative of a member.
- Signature o	a member or an authorized representative of a member.
	section 608.408(3), Florida Statutes, the execution of this document
I am aware that any	ation under the penalties of perjury that the facts stated herein are true. false information submitted in a document to the Department of State
	gree felony as provided for in s.817.155, F.S.)

Carlos J. Leal

Typed or printed name of signee

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)