# L23000416047

| (F                      | Requestor's Name)       |        |
|-------------------------|-------------------------|--------|
| (A                      | (ddress)                |        |
| (A                      | Address)                |        |
| (C                      | City/State/Zip/Phone #) |        |
| PICK-UP                 | MAIT                    | MAIL   |
| (B                      | Business Entity Name)   |        |
| (C                      | Ocument Number)         |        |
| Certified Copies        | Certificates of         | Status |
| Special Instructions to | Filing Officer:         |        |
|                         |                         |        |
|                         |                         |        |
|                         |                         |        |





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P-7 PM 2:50

3 - 1 FE 9:53

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 · Tallahassee, Florida 32301 (850) 224-8870 · 1-800-342-8062 · Fax (850) 222-1222

| Key West Pinnacle Services LLC.    | _                              |
|------------------------------------|--------------------------------|
| Please Debit FCA000000003 For: 125 |                                |
| Thank you Seth Neeley              |                                |
| Thank you sent receiv              |                                |
| Atty                               | Art of Inc. File               |
|                                    | LTD Partnership File           |
|                                    | Foreign Corp. File             |
|                                    | L.C. File                      |
|                                    | Fictitious Name File           |
|                                    | Trade/Service Mark             |
|                                    | Merger File                    |
|                                    | Art. of Amend. File            |
|                                    | RA Resignation                 |
|                                    | Dissolution / Withdrawal       |
|                                    | Annual Report / Reinstatement  |
|                                    | Сеп. Сору                      |
|                                    | Photo Copy                     |
|                                    | Certificate of Good Standing   |
|                                    | Certificate of Status          |
|                                    | Certificate of Fictitious Name |
|                                    | Corp Record Search             |
| ,                                  | Officer Search                 |
|                                    | Fictitious Search              |
| Signature                          | Fictitious Owner Search        |
| Signature                          | Vehicle Search                 |
|                                    | Driving Record                 |
| Requested by:                      | UCC 1 or 3 File                |
| Name Die Tie                       | UCC 11 Search                  |
| Name Date Time                     | UCC II Retrieval               |
| Walk-In Will Pick Up               | Courier                        |

#### **COVER LETTER**

| TO: New Filing Section Division of Corporations        |  |   |
|--|--|---|
| SUBJECT: Key West Pinnacle Services LL                 | С  |   |
|  | ited Liability Company                                   | <del></del>   |
| The enclosed Articles of Organization and fee(s) are   | submitted for filing                                     |   |
|  | <u>-</u>   |   |
| Please return all correspondence concerning this mat   | ner to the following:                                    |   |
| David J. Zensinger                                     |  |   |
| Davie V. Delibinger                                    | Name of Person   | -   |
| •  |  |   |
|  |  |   |
|  | Firm/Company   |   |
| 1422 Cost mine Street                                  |  |   |
| 1423 Catherine Street                                  | Address  |   |
|  | nomen  |   |
| Key West, FL 33040                                     |  |   |
| Ci   | ry/State and Zip Code                                    |   |
| zinger10@bellsouth.net                                 |  |   |
| E-mail address: (to be used to                         | for future annual report notification)                   |   |
| For further information concerning this matter, please | call:  |   |
|  |  |   |
| David J. Zensingerat ( 0                               | 305 304-4692   |   |
| Name of Person An                                      | ea Code Daytime Telephone Number                         | <u> </u>  |
|  |  |   |
| Enclosed is a check for the following amount:          |  |   |
| □\$125.00 Filing Fee                                   | Certified Copy Certi (additional copy is enclosed) Certi | 60.00 Filing Fee,<br>ificate of Status &<br>fied Copy<br>onal copy is enclosed) |
| Mailing Address  | Street Address   |   |
| New Filing Section                                     | New Filing Section                                       |   |
| Division of Corporations                               | Division of Corporations                                 |   |
| P.O. Box 6327<br>Tallahassee, FL 32314                 | Clifton Building 2661 Executive Center Circle            |   |
|  | Tallahassee, FL 32301                                    |   |

#### ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

| Vay Wast Dings  | acle Services LLC  |   |  |              |
|---|--|---|--|--------------|
| <del></del>   |  |   |  |              |
| (Must co  | mann me wolds "Limited   | Liability Comp  | any, "L.L.C.," or "LLC.")  |              |
| ARTICLE II - Address:   |  |   |  |              |
| The mailing address and street  | t address of the principal   | office of the Lim                                       | nited Liability Company is:  |              |
| Princ   | ipal Office Address:   |   | Mailing Addres   | <u> 19</u> : |
| 1423 Catherine  | Street   |   | 423 Catherine Street   |              |
|   |  |   |  |              |
| Key West  | FL_  |   | Key West F   | T            |
| Key West 33040  ARTICLE III - Registered A The Limited Liability Compa                                | FL  sgent, Registered Office, my cannot serve as its own   |   | Cey West F   |              |
| Key West 33040  ARTICLE III - Registered A The Limited Liability Compa mother business entity with a  | FL gent, Registered Office, ny cannot serve as its own n active Florida registration   | , & Registered Age<br>on.)                              | Cey West F<br>3040<br>Agent's Signature:                                     |              |
| Key West 33040  ARTICLE III - Registered A The Limited Liability Compa mother business entity with a  | FL gent, Registered Office, ny cannot serve as its own n active Florida registration   | , de Registered A<br>n Registered Age<br>on.)           | Cey West F<br>3040<br>Agent's Signature:                                     |              |
| Key West 33040  ARTICLE III - Registered A The Limited Liability Compa unother business entity with a | FL  gent, Registered Office, ny cannot serve as its own n active Florida registration et address of the registere                                    | , de Registered A<br>n Registered Age<br>on.)           | Cey West F<br>3040<br>Agent's Signature:                                     |              |
| Key West 33040  ARTICLE III - Registered A  | FL  gent, Registered Office, ny cannot serve as its own n active Florida registration et address of the registere                                    | de Registered Age on.)  d agent are:  Name              | Cey West F<br>3040<br>Agent's Signature:                                     |              |
| Key West 33040  ARTICLE III - Registered A The Limited Liability Compa unother business entity with a | FL  gent, Registered Office, ny cannot serve as its own n active Florida registration et address of the registere David L Zensing                    | de Registered An Registered Age on.) d agent are:  Name | Key West F<br>3040<br>Agent's Signature:<br>ent. You must designate an indiv |              |
| Key West 33040  ARTICLE III - Registered A The Limited Liability Compa unother business entity with a | FL  gent, Registered Office, ny cannot serve as its own n active Florida registration et address of the registere David J. Zensing  1423 Catherine S | de Registered An Registered Age on.) d agent are:  Name | Key West F<br>3040<br>Agent's Signature:<br>ent. You must designate an indiv |              |

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 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

| Title: "AMBR" = Authorized Member  | Name and Address:  |
|--|--|
| "MGR" = Manager  |  |
| AMBR   | David J Zensinger  |
|  | 1423 Catherine St, Key West, FL 33040  |
| AMBR   | Marcia F Zensinger   |
|  | 1423 Catherine St, Key West, FL 33040  |
|  | ,  |
|  |  |
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| •  |  |
| EV: Effective date, if other than the  | e date of filing: 9/8/23 (OPTIONAL)  be specific and cannot be more than five business days prior to or 9  |
| EV: Effective date, if other than the crive date is listed, the date must of filing.)  | be specific and cannot be more than five business days prior to or y   |
| EV: Effective date, if other than the cetive date is listed, the date must of filing.) the date inserted in this block does  | not meet the applicable statutory filing requirements, this date will no   |
| EV: Effective date, if other than the cetive date is listed, the date must of filing.) the date inserted in this block does  | not meet the applicable statutory filing requirements, this date will no   |
| E V: Effective date, if other than the ective date is listed, the date must of filing.) the date inserted in this block does nent's effective date on the Depart   | not meet the applicable statutory filing requirements, this date will no   |
| E V: Effective date, if other than the ective date is listed, the date must of filing.) the date inserted in this block does nent's effective date on the Depart   | not meet the applicable statutory filing requirements, this date will no   |
| E V: Effective date, if other than the ective date is listed, the date must of filing.) the date inserted in this block does nent's effective date on the Depart   | not meet the applicable statutory filing requirements, this date will no   |
| E V: Effective date, if other than the cetive date is listed, the date must of filling.)  the date inserted in this block does ment's effective date on the Depart  E VI: Other provisions, if any.  | not meet the applicable statutory filing requirements, this date will no   |
| E V: Effective date, if other than the cetive date is listed, the date issued of filling.)  the date inserted in this block does ment's effective date on the Depart  E VI: Other provisions, if any.  | not meet the applicable statutory filing requirements, this date will no   |
| E V: Effective date, if other than the ective date is listed, the date issust of filing.)  the date inserted in this block does ment's effective date on the Depart  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  | not meet the applicable statutory filing requirements, this date will nament of State's records.   |
| E V: Effective date, if other than the cetive date is listed, the date must of filing.)  the date inserted in this block does ment's effective date on the Depart E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of This document is e                        | not meet the applicable statutory filing requirements, this date will nament of State's records.  The member of an authorized representative of a member.  Executed in accordance with section 605,0203 (1) (b), Florida Statutes.   |
| of filing.) If the date inserted in this block does ment's effective date on the Depart  E. VI: Other provisions, if any.  REOUTRED SIGNATURE:  Signature of This document is e I am aware that any  | not meet the applicable statutory filing requirements, this date will nament of State's records.   |
| E V: Effective date, if other than the cetive date is listed, the date issust of filing.)  The date inserted in this block does ment's effective date on the Depart  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of This document is e I am aware that any | not meet the applicable statutory filing requirements, this date will nament of State's records.  Is member or an authorized representative of a member, executed in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State legree felony as provided for in s.817.155, F.S. |

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

### ATTACHMENT TO ARTICLES OF ORGANIZATION:

Purpose:

1. Real Estate Services