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DEUNETART OF STATE TALLAHASSEE, FLORID.



11/15/02--01088--009 **125.00

(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.

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA 02 NOV 15 AM 10: 00

| IN LIN | COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO RECISTER A FOREIGN AITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: |
|-----------|---|
| 1. | Pinnack Taxy Advisors LLC (Name of foreign limited liability company) |
| | |
| 2. | Jurisdiction under the law of which foreign limited liability company is organized) 3. 22-3816163164 (FEI number, if applicable) |
| 4. | (Date of Organization) 5. Per De Translation (Duration: Year limited liability company will cease to exist or "perpetual") |
| 6. | (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.) |
| | 1311 Mamaroneck Ave Sto 160 |
| | White Plains, NY 10605 (Street address of principal office) |
| 8. | If limited liability company is a manager-managed company, check here |
| 9. | The name and usual business addresses of the managing members or managers are as follows: Tom Povinelli 1311 Mamaroneck Ave Stelbo White Plain MY K |
| | Dave Ruper 1311 Mamaroneck Ave. Ste 160 Whiteplains NY 100 |
| | Gerald Hoenings 1311 Mamaranack Aur. Str 160 White Plains NY 100 |
| 10. | Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under eath of the translator must be submitted.) |
| 11 | . Nature of business or purposes to be conducted or promoted in Florida: Tax Preparation |
| | and Financial Planning |
| | Signature of a member or an authorized representative of a member. |
| | (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) |
| | David D. Pulpar |

Typed or printed name of signee

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SLUNETARY OF STATE TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| 1. The name of the Limited Liability Company is: |
|---|
| Pinnacle Tack Advisors LLC |
| 2. The name and the Florida street address of the registered agent and office are: |
| Tim Bodner (Name) |
| Florida street address (P.O. Box NOT ACCEPTABLE) |
| St Potershurg FL 33710 (City/State/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. |
| |

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

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CERTIFICATE OF DESIGNATION OF ALLAHASSEE, FLORIDA REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| 1. The name of the Limited Liab | oility Comp | any is: | | | | | |
|--|---|--|---|--|---|--|--|
| Pinnacle Tary | Adv | isons L | LC_ | | | | |
| 2. The name and the Florida stre | et address (| of the register | ed agent and | i office are: | | | |
| Tim P | ind new | (Name) | | <u> </u> | <u> </u> | | |
| Florida succer address (P.O. Box NOT ACCEPTABLE) | | | | | | | |
| St Pokest | | | 3371 | | | | |
| Having been named as registered liability company at the place des registered agent and agree to act statutes relating to the proper and agreept the obligations of my positions of my positions. | ignated in ti in this capa i complete p | his certificate, city. I further performance o | I hereby acc agree to cor fmy duties, c | sept the appoi mply with the j and I am fami | ntment as provisions of all liar with and | | |
| Tagain de la company de la com | \$ 100.00 \$ 25.00 \$ 30.00 \$ 5.00 | Designation Certified C | or Applicat of Register opy (options | red Agent al) | | | |

Delaware

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SEUNETANY OF STATE TALLAHASSEE, FLORIDA

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PINNACLE TAXX ADVISORS LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF OCTOBER, A.D. 2002.



Warriet Smith Hindso Harriet Smith Windsor, Secretary of State

farriet Smith Windsor, Secretary of State
AUTHENTICATION: 2032580

DATE: 10-11-02