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9/29/15

NAME:

PINNACLE FAMILY SERVICES LLC

TYPE OF FILING: APPLICATION

COST:

155.00

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJECT: PINNACLE FAMILY SERVICES LLC Name of Limited Liability Company						
The en	nclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Cert nce, and check are submitted to register the above referenced foreign limited liability company to transact business i	tificate of n Florida.				
Please	return all correspondence concerning this matter to the following:					
	Name of Person					
	Capitol Services – Corporate Filings Team Finn/Compuny					
	800 Brazos Ste 400					
	Austin TX 78701					
	City/State and Zip Code marcacabrera@gmail.com					
For fur	E-mail address: (to be used for future annual report notification) rther information concerning this matter, please call:					
	Name of Contact Person Area Code Daytime Telephone Number					
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations Registration Section P.O. Box 6327 Clifton Building Tallahassee, FL 32314 Tallahassee, FL 32301					
Enclos	ed is a check for the following amount: \$\begin{align*} \\$125.00 \text{ Filing Fee} \\ \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	cate				

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBATITED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATEOFFICIRIDA:

	ILY SERVICES LLC		
(Name of Fore	eign Limited Liability Company; must includ	le "Limited Liability Company," "L.L.C.," or "I	.LC,")
(If name unavailable, enter al Liability Company," "L.L.C,"		sacting business in Florida. The alternate name	must include "Limited
_{2.} Delaware	3.	61-1768961	
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	
4. Upon Filing			
	(Date first transacted business in Fig (See sections 605.0904 & 605.0905, F	orida, if prior to registration.)	
5. 1395 Brickell Av	enue, Suite 100, Miami, FL		
	(Street Address of Principal	Office)	70 B
6, 1395 Brickell Av	enue, Suite 100, Miami, FL	33131	ACC BY
			全部 SEP
	(Mailing Address))	\$₹ N
7. Name and street addres	s of Florida registered agent; (P.O. Box	NOT acceptable)	SER CO
	Capitol Corporate Services,	-	
Name:		, 1110.	G
Office Address:	155 Office Plaza Dr Ste A	·····	第2
	Tallahassee	, Florida 32301	.\$*
Registered agent's accept	(City)	(Zip code)	
Having been named as re	gistered agent and to accept service of p	process for the above stated corporation a	the place designated in
this application, I hereby with the provisions of all s	accept the appointment as registered ag Statutes relative to the proper and comp	ent and agree to act in this capacity. I fullete performance of my duties, and I am f	rther agree to comply
the obligations of my posl	tion as registered agent.	Krista Ali, Asst. Se	
56 // a // a		of Capitol Corporat	-
	(Registered age		
8. The name, title or capa	wity and address of the person(s) who ha	us/have authority to manage is/are:	
Marc Cabrera, Mai	nager	•	
1395 Brickell Aven	ue, Suite 100, Miami, FL 33	131	
			
9. Attached is a certificate	of existence, no more than 90 days old,	duly authenticated by the official having cu	stody of records in the
of the translator must be st	of which it is organized/(If the certificat	e is in a foreign language, a translation of the	no certificate under eath
		1	
	Signature of an au	thorized person	
This document is executed	in accordance with section 605 0203 (1)	(b), Florida Statutes. I am aware that any f	olea information
submitted in a document to	the Department of State constitutes a thi	ird degree folony as provided for in s.817.1:	55, F.S.
	Marc Cabrera, Au	thorized Person	

Typed or printed name of signee

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "PINNACLE FAMILY SERVICES 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 TWENTY-NINTH DAY OF SEPTEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PINNACLE FAMILY SERVICES LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF JULY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Authentication: 10146823

Date: 09-29-15