M15000009313

(Re	questor's Name)	•
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
. PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
·	·	•
(Do	cument Number)	
(,	
Certified Copies	Certificates	of Status
Certified Copies	_ Certificates	or Status
-		
Special Instructions to	Filing Officer:	
		İ
		1





400278591114

11/03/15--01029--006 **125.00

2115 NOV 19 PH 2: 4.1

WY 19 2015 J. HARRIS

COVER LETTER

	Pinnacle Estates PM. L						
SUBJECT:	Name of Limited Liability Company						
					nsact Business in Florida," Certificate company to transact business in Florid		
Please return a	ll correspondence con	cerning this matter to the	following:				
	Peter Mork						
		Ns	ame of Person				
	Pinnacle Estates P	M, LLC					
	Firm/Campany						
	5003 Bruce Avem	5003 Bruce Avenue					
	Address						
	Edina, MN 55424						
		City/St	tate and Zip Code		er e na standig et disce e e et a . A E undertable e e e . A . A A A		
	peter.mork@collier						
	I.	-mail address: (to be used	for future annual	report not	ification)		
For further info	ormation concerning th	his matter, please call:					
Will	R. Tansey, Esq.			332-85			
	Name of C	Contact Person	Area Code	Day	time Telephone Number		
Divis Regis P.O. 1	LING ADDRESS: ion of Corporations tration Section Box 6327 hassee, Fl 32314			Division of Registrati Clifton B 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301		
		3 amount:] \$130.00 Filing Fee & Certificate of Status	□ \$155,00 Filing Certified Copy	g Fee &	□ \$160.00 Filing Fee, Certificate of Status & Certified Copy		



RECEIVED 15 NOV 19 PM 2: 20 FLORIDA DEPARTMENT OF STATESECRETARY OF STATE

Division of Corporations

JALLAHASSEE, FLORIDA

November 4, 2015

PETER MORK **5003 BRUCE AVENUE** EDINA, MN 55424

SUBJECT: PINNACLE ESTATES PM, LLC

Ref. Number: W15000072778

We have received your document for PINNACLE ESTATES PM, LLC and vour check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 315A00023371

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	eign Limited Liability Company; mus	st include "Limited Liability Company," "L.L.C.,"	or "LLC.")	
If name unavailable, enter a Liability Company," "L.L.C,		e of transacting business in Florida. The alternate n	ame must include "Limited	
Minnesota	of which foreign limited liability	3(FEI number, it applicab	le)	
company is organized)	,	•		
t	(Date first transacted business	ss in Florida, it prior to registration.) 0905, F.S. to determine penalty liability)	<u> </u>	
5003 Bruce Avenue		0905, F.S. to determine penalty hability)		
Edina, MN 55424				
	(Street Address of P	rincipal Office)	*************************************	
5. 5003 Bruce Avenue			_ 50 2015	
Edina, MN 55424			TELANOV IN	
	(Mailing A	Address)	ment a	
7. Name and street address	ss of Florida registered agent: (P.		SSE Y	
Name:	Marjorie Fernandez			
Office Address:	7131 Pinnacle Drive		08H2	
	Fort Myers	, Florida 33907	— >	
Registered agent's accep	(City)	(Zip code)	•	
Invina hoon named as re		vice of process for the above stated limited lia ment as registered agent and agree to act in a		
lesignated in this applica o complywith the provisi accept the obligations of i	ons of all statutes relative to the pmy position as registered agent. (Register	proper and complete performance of my dutice		
lesignated in this applica o complywith the provision occept the obligations of t s. The name, title or capa	ons of all statutes relative to the pmy position as registered agent. (Register			
lesignated in this applica o complywith the provision occept the obligations of t s. The name, title or capa	ons of all statutes relative to the pmy position as registered agent. (Register	ered agent's signature)		
designated in this applicate complywith the provision of the obligations of the obligations of the control of t	ons of all statutes relative to the pmy position as registered agent. (Register	ered agent's signature)		
designated in this applicate complywith the provision complywith the provision of the obligations of the obligation of the obligatio	ons of all statutes relative to the pmy position as registered agent. (Register	ered agent's signature)		
designated in this applicate occumply with the provision of the obligations of the complex occupations of the obligations of the obligations of the complex of the obligations of the obligations of the obligation of the obligation of the oblig	e of existence, no more than 90 day of which it is organized. (If the ce	ered agent's signature)	ies, and I am familiar with and	
designated in this applicate of complywith the provision accept the obligations of the second	e of existence, no more than 90 day of which it is organized. (If the coubmitted)	who has/have authority to manage is/are: ys old, duly authenticated by the official havin	ies, and I am familiar with and	

Typed or printed name of signee

Peter Mork

Office of the Minnesota Secretary of State Certificate of Good Standing

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:

Pinnacle Estates PM, LLC

Date Filed:

08/10/2015

File Number:

836190000037

Minnesota Statutes, Chapter:

322C

Home Jurisdiction:

Minnesota

This certificate has been issued on:

09/02/2015



Ateve Vimon Steve Simon

Secretary of State State of Minnesota