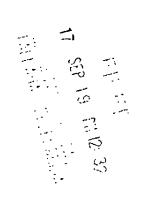
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Office Use Only



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COVER LETTER

TO:	Registration Sec Division of Corp				
SUBJI		EARING & ESCROW, LLC			
		N'anie o	f Limited Liability Company		
The en Exister	closed "Application ace, and check are s	by Foreign Limited Liability Con ubmitted to register the above refe	npany for Authorization to Tr renced foreign limited liabili	ransact Business in Florida," Certificate of ty company to transact business in Florid	of e.
Picaso	return all correspon	dence concerning this matter to th	e following:		
	Roberto	Abreu			
		7	Name of Person		
	Pinnacle	c Creative			
		Ţ	Firm/Company		
	81 Murr	ray Street, Unit !			
			Address		
	New Yo	ork, NY. 10007			
	<u></u>	City/S	State and Zip Code		
	roberto@	pinnaclecreativestudio.com			
		E-mail address: (to be use	ed for future annual report no	tification)	
For furt	her information cor	ncerning this matter, please call:			
	Roberto Abreu		860 716-96 at ()	665	
	7	Name of Contact Person	Area Code Day	ytime Telephone Number	
	MAILING ADD Division of Corpo Registration Section P.O. Box 6327 Tallahassee, FL 32	rations on	Division Registrat Clifton E 2661 Exc	of Corporations ion Section Suilding secutive Center Circle see, FL 32301	
Enclose	d is a check for the ### \$125.00 Filing		☐ \$155.00 Filing Fee & Certified Copy	S160.00 Filing Fee, Certificate of Status & Certified Copy	-

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:

(if name mosvailable, enter alternate name	e adopted for the purpose of transacting business in Flo	orida. The alternate name must include "Lim	nited Liebshty Company," "L.L.C," or "LLC")
2 Oklahoma		2 46-1898297	
(Jurudiction under the law of which	n foreign Emitted liability company is organized)	J	El aumber, il applicabio)
4. upon registration			
	(Date first transmoted business in Florids, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration.) ine penalty hability)	
5. 8917 S. Yale Avenue		6. 8917 S. Yale A	venue
(Street Address of Prin	cipal Office)		hng Address)
Suite 103		Suite 103	
Tulsa, OK. 74137		Tulsa, OK. 741	37
	of Florida registered agent: (P.O. Box	(NOT acceptable)	
Name:	InCorp Services, Inc.		
Office Address: _	17888 67th Court North		
_	Loxahatchee	, Florida 3:	3470
Registered agent's accepta	(City)	, - ((Zip sode)
designated in this application to comply with the provision	nce: stered agent and to accept service of p n, I hereby accept the appointment a is of all statutes relative to the proper f my position as relative agent.	s registered agent and agree to and complete performance of	to act in this capacity. I further agre If my duties, and I am familiar with
designated in this application to comply with the provision and accept the obligations of the control in the co	n, I hereby accept the appointment as of all statutes relative to the proper of my position as relative to the proper (Regulated agent). (Regulated agent) to the proper of my position as relative agent.	Kathy Shin on b	to act in this capacity. I further agre of my duties, and I am familiar with ehalf of InCorp Services, Inc.
designated in this application to comply with the provision and accept the obligations of the control of the co	stered agent and to accept service of pin, I hereby accept the appointment as is of all statutes relative to the proper f my position as relative agent. (Restrict agent's ty and address of the person(s) who have and Address:	Kathy Shin on b	to act in this capacity. I further agre of my duties, and I am familiar with ehalf of InCorp Services, Inc.
designated in this application to comply with the provision and accept the obligations of 8. The name, title or capaci	stered agent and to accept service of property in, I hereby accept the appointment as so of all statutes relative to the property my position as relative agent. (Restrict agent's ty and address of the person(s) who has a later agent and Address: Dax Junker 8917 S. Yale Ave, Suite 103	Kathy Shin on b	to act in this capacity. I further agre of my duties, and I am familiar with ehalf of InCorp Services, Inc.
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designated in this application to comply with the provision and accept the obligations of the control of the co	ty and address of the person(s) who ha Name and Address: Dax Junker 8917 S. Yale Ave, Suite 103 Tulsa, OK. 74137	Kathy Shin on b	to act in this capacity. I further agree of my duties, and I am familiar with ehalf of InCorp Services, Inc. are: Name and Address:
designated in this application to comply with the provision and accept the obligations of the name, title or capacing title or Capacity: Managing Member (Use attachments if necessary). Attached is a certificate of urisdiction under the law of the translator must be substituted in the substitute of the translator must be substituted. This document is executed.	ty and address of the person(s) who ha Name and Address: Dax Junker 8917 S. Yale Ave, Suite 103 Tulsa, OK. 74137	Kathy Shin on b Kathy Shin on b	ehalf of InCorp Services, Inc. ehalf of InCorp Services, Inc. are: Name and Address: ial having custody of records in the instation of the certificate under oath aware that any false information

Typed or printed name of signes

OFFICE OF THE SECRETARY OF STATE



CERTIFICATE OF GOOD STANDING DOMESTIC LIMITED LIABILITY COMPANY

I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business emities to transact business in this state and am the proper officer to execute this certificate.

I FURTHER CERTIFY that <u>TITLE CLEARING & ESCROW, LLC</u> whose registered agent is <u>TITLE CLEARING & ESCROW, LLC</u>, with its registered office at <u>8917 S YALE AVE_TULSA 74137_USA</u> Oklahoma is a <u>Domestic Limited Liability Company</u> duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this <u>5th</u>, day of <u>September</u>, <u>2017</u>.

Secretary Of State