

M19000000665

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

ITS
1-18-19

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Pinnacle Treatment Center LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Debra Kimbro

Name of Person

Pinnacle Treatment Center LLC

Firm/Company

19296 Country Club Dr

Address

Tequesta, FL 33469

City/State and Zip Code

accounting@pinnacletc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Debra Kimbro

706

633-3384

at (_____) _____

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:



\$125.00 Filing Fee



\$130.00 Filing Fee &
Certificate of Status



\$155.00 Filing Fee &
Certified Copy



\$160.00 Filing Fee, Certificate
of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 8, 2019

Debra Kimbro
Pinnacle Treatment Center LLC
19296 Country Club Dr.
Tequesta, FL 33469

SUBJECT: PINNACLE TREATMENT CENTER LLC
Ref. Number: W19000002031

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

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Lyn Shoffstall
Bureau Chief

Letter Number: 119A00000554

**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:

1. Pinnacle Treatment Center LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. Arizona 3. 81-2768419
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 01/01/2019
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. Pinnacle Treatment Center LLC 6. Pinnacle Treatment Center LLC
(Street Address of Principal Office) (Mailing Address)

1000 Ainsworth Dr, Ste B-215 PO Box 4333
Prescott, AZ 86305 Prescott, AZ 86302


7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Debra Kimbro
Office Address: 19296 Country Club Dr
Tequesta 33469
(City) Florida (Zip code)

FILED
2019 JAN 17 PM 1:24
SECRETARY OF STATE
TALLAHASSEE, FL

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:

Name and Address:

Member

Kagen Vergnetti

1864 North Moonstone Lane

Prescott, AZ 86301

Member

Bryan Hulihan

42 Old Carriage Rd

Portland, CT 06480

Member

Debra Kimbro

19296 Country Club Dr

Tequesta, FL 33469

Member

Heather Russell

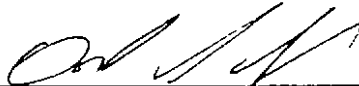
19296 Country Club Dr

Tequesta, FL 33469

(Use attachments if necessary)

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Signature of an authorized person

Debra Kimbro

Typed or printed name of signer

STATE OF ARIZONA



Office of the CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

PINNACLE TREATMENT CENTER LLC

ACC file number: L20956086

was incorporated under the laws of the State of Arizona on 05/27/2016, and that, according to the records of the Arizona Corporation Commission, said limited liability company is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.

IN WITNESS WHEREOF, I have hereunto set my hand, affixed the official seal of the
Arizona Corporation Commission, and issued this Certificate on this date: **12/08/2018**



A handwritten signature in black ink, reading "Matthew Neubert".

Matthew Neubert, Interim Executive Director