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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**Foreign Limited Liability Company
PINNACLE INSURANCE SOLUTIONS, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$130.00

JUL 27 2020

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 INSURANCE SOLUTIONS, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," 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," "L.L.C.," or "LLC.")

2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

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

5. 4 Becker Farm Road, 1st Floor
(Street Address of Principal Office)

6. 4 Becker Farm Road, 1st Floor
(Mailing Address)

Roseland, NJ 07068

Roseland, NJ 07068

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

Name: Corporate Creations Network Inc.

Office Address: 801 US Highway 1

North Palm Beach, Florida 33408
(City) (Zip code)

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.



Kristen Espinales, Special Secretary

(Registered agent's signature)

RECEIVED
JUL 28 PM 1:57
FLORIDA
CORPORATION

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

☒ Manager Name: Ke Ding

☐ Member Address: 4 Becker Farm Road, 1st Floor

☐ Authorized Roseland, NJ 07068

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Louis Caltavuturo

☐ Member Address: 4 Becker Farm Road, 1st Floor

☐ Authorized Roseland, NJ 07068

Person _____

☒ Other Vice President ☐ Other _____

☐ Manager Name: Robert Serratelli

☐ Member Address: 4 Becker Farm Road, 1st Floor

☐ Authorized Roseland, NJ 07068

Person _____

☒ Other CFO ☐ Other _____

Title or Capacity: **Name and Address:**

☒ Manager Name: Alexander Panilio

☐ Member Address: 4 Becker Farm Road, 1st Floor

☐ Authorized Roseland, NJ 07068

Person _____

☒ Other Vice President ☐ Other _____

☒ Manager Name: Michael E. Caradimitropoulos

☐ Member Address: 4 Becker Farm Road, 1st Floor

☐ Authorized Roseland, NJ 07068

Person _____

☒ Other CEO ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

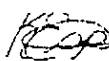
Person _____

☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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

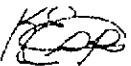
Kristen Espinales, Attorney-in-Fact

Typed or printed name of signee

Affidavit

PINNACLE INSURANCE SOLUTIONS, LLC a New Jersey Limited Liability Company (M13000005197) voluntarily withdrawn, 7/23/20, hereby states and affirms it has no intention of revoking the withdrawal and releases use of the corporate name for use by another entity.

PINNACLE INSURANCE SOLUTIONS, LLC

By: 

Kristen Espinales, Attorney-in-Fact

Date: 07/28/2020

Corporate Creations International
801 US Highway 1
North Palm Beach FL 33408
(561) 694-8107

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PINNACLE INSURANCE SOLUTIONS, 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-SECOND DAY OF JULY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PINNACLE INSURANCE SOLUTIONS, LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF JUNE, A.D. 2020.

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



3146707 8300

SR# 20206344418

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203324112

Date: 07-22-20