

M20000010852

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

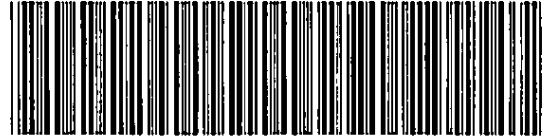
☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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emailed officer  
page 11/24/20

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12/11/20

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PINPOINT PARTNERS, 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:

PAUL H. RYAN  
Name of Person

PINPOINT PARTNERS, LLC  
Firm/Company

PO Box # 811701  
Address

BOCA RATON, FL. 33481  
City/State and Zip Code

PAUL@PINPOINTPARTNERSLLC.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAUL H. RYAN at (917) 201-0422  
Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to FLORIDA DEPARTMENT OF STATE

☒ \$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

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. PEN POINT PARTNERS, 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. NEW YORK STATE  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 84-4190041  
(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. 4222 SOUTH OCEAN BLVD #2  
(Street Address of Principal Office)

6. PO Box #811701  
(Mailing Address)

HIGHLAND BEACH, FL.  
33487

BOCA RATON, FL. 33481

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

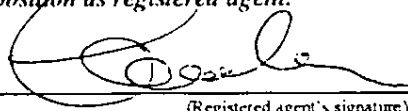
Name: PAUL H RYAN (RMT CORP.)

Office Address: 4222 SOUTH OCEAN BLVD. #2

HIGHLAND BEACH . Florida 33487  
(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.

  
(Registered agent's signature)

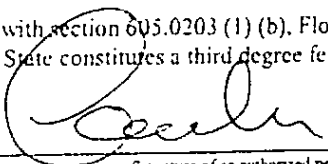
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input checked="" type="checkbox"/> Manager	Name:	PAUL H RYAN		<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:	PO Box 811701		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized		BOCA RATON, FL.		<input type="checkbox"/> Authorized			
<input type="checkbox"/> Person		33481		<input type="checkbox"/> Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:	JAMES RYAN		<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:	4222 S. OCEAN		<input type="checkbox"/> Member	Address:		
<input checked="" type="checkbox"/> Authorized		BLVD.		<input type="checkbox"/> Authorized			
<input type="checkbox"/> Person		HIGHLAND BEACH, FL.		<input type="checkbox"/> Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:	MICHAEL BEALEY		<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:	351 FLORIDA AVE.		<input type="checkbox"/> Member	Address:		
<input checked="" type="checkbox"/> Authorized		FORT LAUDERDALE, FL.		<input type="checkbox"/> Authorized			
<input type="checkbox"/> Person		33312		<input type="checkbox"/> Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> 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  
PAUL H. RYAN  
\_\_\_\_\_  
Typed or printed name of signer

**State of New York  
Department of State } ss:**

*I hereby certify, that PINPOINT PARTNERS LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 12/23/2019, and that the Limited Liability Company is existing so far as shown by the records of the Department.*



\*\*\*

*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 10th day of November  
two thousand and twenty.*

*Brendan C. Hughes*

Brendan C. Hughes  
Executive Deputy Secretary of State

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 27, 2020

PAUL H RYAN  
P O BOX #811701  
BOCA RATON, FL 33481 US

SUBJECT: PINPOINT PARTNERS LLC  
Ref. Number: W20000124667

We have received your document for PINPOINT PARTNERS 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.

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.

Sharon D Franklin  
Regulatory Specialist II

Letter Number: 220A00021409

RECEIVED  
NOV 13 2020

AS REQUESTED -  
PLEASE LET ME KNOW  
IF YOU NEED ANYTHING  
ELSE. KINDEST,  
PAUL H. RYAN  
917-201-0422

[www.sunbiz.org](http://www.sunbiz.org)