## M22000015007

- Cont.

(Requestor's Name)				
(Ad	ldress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nan	ne)		
(Do	cument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			
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08/22/22--01031--015 \*\*87.50

CECRELARY OF STATE TALL ALMASSEE, FLORID

APPROVED AND FILED

~ 28 1011

## COVER LETTER

Tony Solarz  Name of Contact Person  Mailing Address:  Registration Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314  Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEPARTMENT OF STATE  Street Address:  Registration Section  Division of Corporations  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  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  Certificate of Status  Certified Copy  of Status & Certified Copy  of Status & Certified Copy  of Status & Certified Copy	JFCT+	Pinnacle 1 is	18 116
renclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificatence, and check are submitted to register the above referenced foreign limited liability company to transact business in its return all correspondence concerning this matter to the following:		N N	lame of Limited Liability Company
Name of Person	enclused "Appli	cation by Foreign Limited Liabil:	ity Company for Authorization to Transact Business in Florida," Certificat
Prinack Lise LLC  Firm/Company  1500 W Shure Dr. Ste 100  Address  Arling for Heights, TL 60004  City/State and Zip Code  tony. 50/472 Onnoclelise, Com  E-mail address: (to be used for future annual report notification)  further information concerning this matter, please call:  Tony 50/472 at (708), 369-0530  Name of Contact Person are Code Daytime Telephone Number  Mailing Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Montroe Street, Suite 810  Tallahassee, FL 32303  Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE  Yes 125.00 Filing Fee Status Certified Copy of Status & Certified Copy	e return all corr	espondence concerning this matt	er to the following:
Prinack Lise Lise  Firm/Company  ISDO W Shure Dr. Ste 100  Address  Arling for Heights, TL 60004  City/State and Zip Code  tony. Solarz Onnaclelise, Com  E-mail address: (to be used for future annual report notification)  further information concerning this matter, please call:  Tony Solarz at (708), 369-0530  Name of Contact Person are Code Daytime Telephone Number  Mailing Address: Registration Section Registration Section Division of Corporations P.O. Box 6327  Tallahassee, FL 32314  Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE  States Of Filing Fee Status Certified Copy of Status & Certified Copy  Tallahassee, FL 32303	_	Tony S	0)0(Z
Arling for Heights TL 60004  City/State and Zip Code  tony. Solarz @ pinnaclelite. Com  E-mail address: (to be used for future annual report notification)  further information concerning this matter, please call:  Tony Solarz at (708) 369 - 0530  Name of Contact Person Area Code Daytime Telephone Number  Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 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  \$\int \text{S125.00 Filing Fee}  \text{S130.00 Filing Fee} &  \text{S150.00 Filing Fee} &  \text{S160.00 Filing Fee}, Certified Copy  1.25 (82)			Name of Person
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Arling for Heights TL 60004  City/State and Zip Code  tony. Solar & pinnacle like. Com  E-mail address: (to be used for future annual report notification)  further information concerning this matter, please call:  Tony Solar & at 708, 369-0530  Name of Contact Person are Code Daytime Telephone Number  Mailing Address: Registration Section Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810  Tallahassee, FL 32314 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  SS125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certific Certificate of Status Certified Copy of Status & Certified Copy	<del></del> .	1500 W	Shure Dr. Ste 100
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## 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: Pinnacle LIVE 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 "L.L.C," o , Delaware 3 87-4027514 (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 1500 W Shure Dr Suite 100 6. 1500 W Shure Dr Suite 100 (Street Address of Principal Office) Arlington Heights IL 60004 Arlington Heights IL 60004 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Northwest Registered Agent LLC Name: 7901 4th St N STE 300 Office Address: St. Petersburg

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.

Ton Glove				
	(Registered agent's signature)	_	 <del></del> -	

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:	Title or Capacity:		Name and Address:
□Manager	Name: Fdmurd Eisenburg	□Manager	Name:	
Member	Address: 1500 W Shure aste 100	□Member	Address:	
☐ Authorized	Aclington Heights, IL	□Authorized		
Person	60004	Person		
	□Other	□Other		□Other
K Manager	Name: Tony Solarz	□Manager	Name:	
⊡Member	Address: 1500 W Shure Or Ste 100	□Member	Address:	
□Authorized	Arlington Heights IL	□Authorized		
Person	<u>le0004</u>	Person		
□Other	Other	Other		□Other
☐Munager	Name:	□Manager	Name:	
∐Member :	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	Other	□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

Tony Sola 2

Typed or printed name of signee

Page I

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "PINNACLE LIVE, 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 EIGHTEENTH DAY OF AUGUST, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PINNACLE LIVE, LLC" WAS FORMED ON THE TENTH DAY OF SEPTEMBER, A.D. 2021.

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

Authentication: 204194144

Date: 08-18-22