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Foreign Limited Liability Company Pinnacle Staffing Group, LLC

Certificate of Status	0
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Page Count	04
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Help

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

_	NG GROUP, LLC Limited Liability Company; must include "Limited I	Jability Company," "L.L.C.," or "LLC.")		
f name unavailable, enter alternate	name adopted for the purpose of transacting business in Flori	da. The alternate name must include "Finited Lishi	Hrv Company * *I I C * ov =t I C *	
KANSAS	•	81-1627499	my company, was a second	
(Jurisdiction under the law of which foreign limited liability company is organized)		3. (FEI number, if applicable)		
	(Date first transacted business in Florida, if prior to reg (See sections 605 0904 & 605,0905, F.S. to determine	istration.) pensity liability)		
13625 S. MUR-LEN	RD.	13625 S. MUR-LEN RD. 6.		
out Address of Principal Office)		(Mailing Address)		
OLATHE, KS 66062		OLATHE, KS 66062		
Name and street addre	ss of Florida registered agent: (P.O. Box 1		2023, St. V. T.A.	
Name and street address Name:	ss of Florida registered agent: (P.O. Box Market CREATIONS NETWOR	iOT acceptable)	2023 JUN SE STATE AND	
		iOT acceptable)	ZUZ3 JUN - I PM	
Name:	CORPORATE CREATIONS NETWOR	iOT acceptable)	<i>&</i> : −	

manage [up to six (6) total]:

15612148442

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
□Manager	Name: Pinnacle Holdings Group LLC	□Manager	Name: Brad Tyler
≅Member	Address: 13625 S. MUR-LEN RD.	□Member	Address: 13625 S. MUR-LEN RD.
□Authorized	OLATHE, KS 66062	Authorized	OLATHE, KS 66062
Person		Person	
Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
Other	□Other	Other	□ Other
□Manager	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. Nonindexed 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.

25		
	Signature of an authorized person	
Brad Tyler		
	Typed or minted name of sinces	

https://www.kansas.gov/bess/flow/main?execution=e4s1

STATE OF KANSAS OFFICE OF SECRETARY OF STATE SCOTT SCHWAB

I, SCOTT SCHWAB, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 8213563

Entity Name: PINNACLE STAFFING GROUP, L.L.C.

Entity Type: DOM: LTD LIABILITY COMPANY

State of Organization: KS

was filed in this office on February 25, 2016, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of May 30, 2023

SCOTT SCHWAB SECRETARY OF STATE

Certificate ID: 1266500 - To verify the validity of this certificate please visit https://www.kansas.gov/bess/flow/validate and enter the certificate ID number.