

## Florida Department of State

Division of Corporations

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To:

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

From:

Account Name : NELSON MULLINS RILEY & SCARBOROUGH, CORPORATE  
Account Number : 120160000074  
Phone : (407)839-4277  
Fax Number : (407)839-4264

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

COMPLIANCEMAIL@CSCGLOBAL.COM

Email Address: \_\_\_\_\_

## Foreign Limited Liability Company

Pinnacle Central Company, LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 1        |
| Certified Copy        | 1        |
| Page Count            | 04       |
| Estimated Charge      | \$160.00 |

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

*IN COMPLIANCE WITH SECTION 605.09(2), FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

1. Pinnacle Central Company, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLP")

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

2. Delaware

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

3. 59-3610254

(FEI number, if applicable)

4. \_\_\_\_\_

(Date first transacted business in Florida, if prior to registration)  
(See sections 605.09(4) & 605.09(5), F.S., to determine penalty (if any))

5. 103 Bryan Street

(Street Address of Principal Office)

6. 103 Bryan Street

(Mailing Address)

Jacksonville, FL 32202

Jacksonville, FL 32202

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

Name: Corperation Service Company

Office Address: 1201 Hays Street

Tallahassee

(City)

Florida

32301

(Zip+4)

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: C. Stephen Archibald           | <input type="checkbox"/> Manager     | Name: _____                          |
| <input type="checkbox"/> Member             | Address: 103 Bryan Street            | <input type="checkbox"/> Member      | Address: _____                       |
| <input type="checkbox"/> Authorized         | Jacksonville, FL 32202               | <input type="checkbox"/> Authorized  | _____                                |
| Person                                      | _____                                | Person                               | _____                                |
| <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Manager            | Name: _____                          | <input type="checkbox"/> Manager     | Name: _____                          |
| <input type="checkbox"/> Member             | Address: _____                       | <input type="checkbox"/> Member      | Address: _____                       |
| <input type="checkbox"/> Authorized         | _____                                | <input type="checkbox"/> Authorized  | _____                                |
| Person                                      | _____                                | Person                               | _____                                |
| <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Manager            | Name: _____                          | <input type="checkbox"/> Manager     | Name: _____                          |
| <input type="checkbox"/> Member             | Address: _____                       | <input type="checkbox"/> Member      | Address: _____                       |
| <input type="checkbox"/> Authorized         | _____                                | <input type="checkbox"/> Authorized  | _____                                |
| Person                                      | _____                                | 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.

Signed by:

C. Stephen Archibald

Signature of an authorized person

C. Stephen Archibald

Typed or printed name of signer

# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PINNACLE CENTRAL COMPANY, 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-FIFTH DAY OF SEPTEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PINNACLE CENTRAL COMPANY, LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF SEPTEMBER, A.D. 2024.

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



4729577 8309

SR# 20243787283

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://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: 204484105

Date: 09-25-24