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\_\_\_\_\_  
(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

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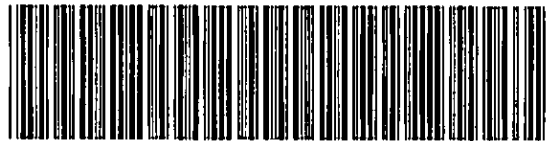
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(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: Pinnacle Financials Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1300 3rd Ave, Suite 204

Mailing address, if different is:

Vero Beach, FL 32960

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To engage in any lawful act or activity for which  
corporation may be organized under the general corporation law of Florida.

**ARTICLE IV SHARES**

The number of shares of stock is: 1500 Shares of Common Stock No Par Value

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Raymond Simone, Director

Name and Title: \_\_\_\_\_

Address 1300 3rd Ave, Suite 204

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

Vero Beach, FL 32960

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

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

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

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

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NOTARIAL PUBLIC  
J. J. J.

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Raymond Simone  
Address: 1300 3rd Ave, Suite 204  
Vero Beach, FL 32960

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Raymond Simone  
Address: 1300 3rd Ave, Suite 204  
Vero Beach, FL 32960

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

Raymond Simone 2/23/22  
Raymond Simone Required Signature/Registered Agent Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the 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.*

Raymond Simone 2/23/22  
Required Signature/Incorporator Date  
Raymond Simone

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STATE OF FLORIDA  
DEPARTMENT OF STATE