

Filing Fee: \$150.00

ID Number: _____

2010 JAN - 8 AM 10: 54

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SECRETARY OF STATE
CORPORATIONS DIV



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

LIMITED LIABILITY COMPANY

APPLICATION FOR REGISTRATION

Pursuant to the provisions of Section 7-16-49 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:

- The name of the limited liability company is:
Pinnacle Insurance, LLC
- The name, if different, under which it proposes to register and transact business in Rhode Island is:

- The limited liability company is organized under the laws of **Florida**
- The date of its organization is **May 4, 2005**
- The period of duration of the limited liability company is (if perpetual, so state) **Perpetual**
- The address of the limited liability company's resident agent in Rhode Island is:
222 Jefferson Blvd, Suite 200 **Warwick** , RI **02888**
(Street Address, not P.O. Box) (City/Town) (Zip Code)
and the name of the resident agent at such address is **InCorp Services, Inc.**
(Name of Agent)
- The secretary of state is appointed the agent of the foreign limited liability company for service of process if at any time there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.
- The address of any office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized is:
1855 West SR 434
Longwood, FL 32750
- The mailing address for the limited liability company is:
1855 West SR 434
Longwood, FL 32750

FILED ID: 54
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By *[Signature]* 107816

10. Management of the Limited Liability Company:

A. The limited liability company is to be managed by its members. *(If you have checked this box, go to item no. 11.)*

or

B. The limited liability company is to be managed by one (1) or more managers. *(If the limited liability company has managers at the time of the filing of these Articles of Organization, state the name and address of each manager.)*

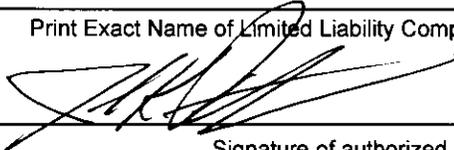
<u>Manager</u>	<u>Address</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

11. This application is accompanied by a certificate of good standing duly authenticated by the secretary of state or other authorized officer of the jurisdiction under which the foreign limited liability company was organized.

Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: 12/29/2009

Pinnacle Insurance, LLC.
Print Exact Name of Limited Liability Company Making Application

By 
Signature of authorized person

State of Florida



Department of State

I certify from the records of this office that PINNACLE INSURANCE, LLC, is a limited liability company organized under the laws of the State of Florida, filed on May 4, 2005.

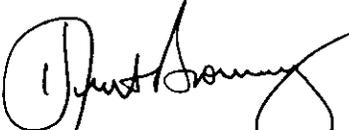
The document number of this company is L05000044068.

I further certify that said company has paid all fees due this office through December 31, 2009, that its most recent annual report was filed on January 14, 2009, and its status is active.

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capitol, this the
Sixteenth day of November, 2009



CR2EO22 (01-07)


Kurt S. Browning
Secretary of State