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2020 AUG 201 PM 12: 06

Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

Pursuant to the provisions of RIGL <u>7-16-49</u> , the undersigned fo applies for a Certificate of Registration to transact business in t purpose submits the following statement:			
The name of the limited liability company is:			
PINNACLE FINANCIAL SERVICES GROUP LLC			
Is this company organized in its state or country of formation a	as a low-profit limited liability co	mpany? Yes No 🛚	
The name, if different, under which it proposes to register and	transact business in Rhode Isla	and is:	
2. The LLC is organized under the laws of: DELAWARE			
3. The date of its organization is: 04/22/20			
And the period of its duration is: CHECK ONE BOX ONLY			
X Perpetual (on-going)			
Date certain for dissolution			
4. The name and address of the resident agent/office in Rhode	e Island is:		
Agent Name CORPORATION SERVICE COMPANY			
Street Address (NOT a P.O. Box) 222 JEFFERSON BOULEVARD SUITE 200			
City/Town WARWICK	State RHODE ISLAND	Zip Code 02888	
5. The purpose or purposes which it proposes to pursue in the INSURANCE MARKETING	e transaction of business in Rho	de Island are.	
	Check the box	to indicate an attachment 🗓	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov **FILED**

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	d the agent of the foreign limited liability company fine resident agent cannot be found or served following		
7. The address of the office required to be if not so required, of the principal office of	maintained in the state or country of its organization the foreign limited liability company is:	on by the laws of that state or,	
251 LITTLE FALLS DRIVE, WILMINGTON	DE 19808		
8. The mailing address for the limited liabi 2650 MCCORMICK DR 200S, CLEARWATE			
9. Management of the Limited Liability Co.	mpany:		
The Limited Liability Company is to be managed by: CHECK ONLY ONE BOX			
By its members (If you have checked this box, go to Section 9. (DO NOT fill out the chart below.)			
X By one (1) or more managers (List managers below)			
MANAGER	ADDRESS		
AL MARKETING, LLC	2650 MCCORMICK DR 200S, CLEARWATER FL 337	59	
10. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Status</u> from the state or country of formation dated within 60 days of the date of filing.			
11. Date when this application for Certifica	te of Registration will be effective: CHECK ONE B	OX ONLY	
X Date received (Upon filing)			
Later effective date (Date must be no	more than 90 days from the date of filing)		
	rm that I have examined this Application for Registi latements contained herein are true and correct.	ration, including any	
Type or Print Name of LLC		Date	
PINNACLE FINANCIAL SERVICES GROUP LLC 8 19 20 20		8/19/2020	
Signature of Authorized Person			
-			



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

DELAWARE, DO HEREBY CERTIFY "PINNACLE FINANCIAL SERVICES GROUP 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 THIRTEENTH DAY OF JULY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PINNACLE FINANCIAL SERVICES GROUP LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF APRIL, A.D. 2020.

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

Authentication: 203272855

Date: 07-13-20