

P21000005089

1/25/2021

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000033000 3)))



H210000330003ABCJ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : Vcorp SERVICES, LLC
Account Number : I20080000067
Phone : (845)425-0077
Fax Number : (845)818-3588

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
Pinnacle Strategies Inc.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

J DENNIS
JAN 26 2021

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: Pinnacle Strategies Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

6811 Palisades Park Court, Suite 76811 Palisades Park Court, Suite 7Fort Myers, FL 33912Fort Myers, FL 33912**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Insurance, Investments, Financial and Estate Planning**ARTICLE IV SHARES**The number of shares of stock is: 200**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Robert A Moro, PresidentName and Title: Christine M Schwizer Moro, SecretaryAddress: 6811 Palisades Park Court, Suite 7Address: 6811 Palisades Park Court, Suite 7Fort Myers, FL 33912Fort Myers, FL 33912

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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: Vcorp Services, LLC
Address: 5011 South State Road 7, Suite 106
Davie, FL 33314**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:Name: Raeesa Ibrahim
Address: 25 Robert Pitt Drive, Suite 204
Monsey, NY 10952**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 business days prior or 90 business 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:*_____
Required Signature/Registered Agent

01/25/2021

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.*_____
Required Signature/Incorporator

01/25/2021

Date