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Florida Department of State
Division of Corporations
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FOREIGN PROFIT/NONPROFIT CORPORATION
SUMMA MANAGEMENT SERVICES ORGANIZATION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

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J. Shivers NOV 21 2012

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Summa Management Services Organization, Inc.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Lynn Calloway, Paralegal

Name of Person

Squire Sanders (US) LLP

Firm/Company

41 S. High Street, 2000 Huntington Center

Address

Columbus, Ohio 43215

City/State and Zip code

lynn.calloway@squiresanders.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lynn Calloway

Name of Person

at (614) 365-2763

Area Code & Daytime Telephone Number

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STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Summa Management Services Organization, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ino.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Ohio 3. 46-1145832
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. September 19, 2012 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 10 N. Main Street, Akron, Ohio 44308
(Principal office address)

10 N. Main Street, Akron, Ohio 44308
(Current mailing address)

8. Health care management services
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: CT Corporation System

Office Address: 1200 Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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)

G. S. Apella, Asst. Secretary

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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TALLAHASSEE, FLORIDA

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Claude Vincenti
Address: 10 N. Main Street, Akron, Ohio 44308

Vice Chairman: _____
Address: _____

Director: Judith Macro
Address: 10 N. Main Street, Akron, Ohio 44308

Director: James McNutt
Address: _____
10 N. Main Street, Akron, Ohio 44308

B. OFFICERS

President: Claude Vincenti
Address: 10 N. Main Street, Akron, Ohio 44308

Vice President: _____
Address: _____

Secretary: Judith Macro
Address: 10 N. Main Street, Akron, Ohio 44308

Treasurer: James McNutt
Address: 10 N. Main Street, Akron, Ohio 44308

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Judith A. Macro
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

14. Judith A. Macro Director/Secretary
(Typed or printed name and capacity of person signing application)

SECRETARY OF STATE
CALLAHAN/MSSEH FL/DRI/DA

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**United States of America
State of Ohio
Office of the Secretary of State**

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show SUMMA MANAGEMENT SERVICES ORGANIZATION, INC., an Ohio corporation, Charter No. 2137382, having its principal location in Akron, County of Summit, was incorporated on September 19, 2012 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 19th day of November, A.D. 2012

Jon Husted

Ohio Secretary of State

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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