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(Re	questor's Name)	
(Ad	dress)	<u></u>
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(Cit	y/State/Zip/Phone#	<del>)</del>
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name	)
(Do	cument Number)	
	·	
Certified Copies	_ Certificates of	f Status
Special Instructions to Filing Officer.		





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# TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: SUMMIT LENDING GROUP, INC.

(PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX)

Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED

FROM: _	HOWARD A. KLEINMAN
	Name (Printed or typed)
	762 CEDAR COVE ROAD
	Address
	WELLING-TON, FLORIDA 33414  City, State & Zip
	City, State & Zip
	(561) 951-9570
	Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

### ARTICLES OF INCORPORATION

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

SECRETARY OF STATE

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#### ARTICLE I NAME

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The name of the corporation shall be:

SUMMIT LENDING GROVP, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

762 CEDAR COVE ROAD WELLINGTON, FLORIDA 33414 ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

#### ARTICLE IV SHARES

The number of shares of stock is: 1,000

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Director -> HOWARD A. KLEINMAN, PRESIDENT and TREASURER, 762 Codar love Road, Director -> ERIC HEYMAN, VICE-PRESIDENT and SECRETARY Welligton, fl 33414 13767 BARBERRY DRIVE, WELLINGTON, FL33414

#### REGISTERED AGENT ARTICLE VI

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

HOWARD A. KLEINMAN 762 CEDAR COVERDAD WELLINGTON, FLORIDA 33414

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

HOWARD A. KLEINMAN 762 CEDAR COVE ROAD WELLINGTON, FL 33414

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

Signature/Incorporator