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TRANSMITTAL LETTER

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	SUBJECT		_	ind	Entropices.	I	, h C 46	
			(Name of c	orpora	ion - must include suff	ix)		
	Dear Sir or I	Madam:				·		
	The enclosed "Certificate to transact by		o sana cheek are siinii	ation fo uitted to	or Authorization to Tran register the above refe	isact rence	Business in Florida ed foreign corporati	on
	Please return	all corresp	ondence concerning the Andrea Mi			30	0000452 -08/10/01- ******78.75	7803 01006001 5 *****78.7
			7	Name o	of Person)		· ************************************	
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			(City	y/State	and Zip code)			
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	STREET AD				MAILING ADDRES	S:	<u> </u>	.>
Name Availability	Registration So Division of Co	rporations			Registration Section		Şm	0
Document	409 F. Gaines Tallahassee, Fl	St.			Division of Corporation P.O. Box 6327			
Examiner	DCC	1			Tallahassee, FL 3231	4		
Updater	-bnelosed-is-a-e. pog	leck for the	following amount:					
Updater Verifyer	- □- \$ 79.00 Fili n	Fee i	\$78.75 Filing Fee & Certificate of Status		\$78.75 Filing Fee & Certified Copy	o	\$87.50 Filing Fee, Certificate of State	ns &
Acknowledge	ment room						Certified Copy	
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W. P. Verifye	er DCC							

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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

August 13, 2001

ANDREA MIGLIACCIO 3845 N SEMINOLE POINT CRYSTAL RIVER, FL 34428

SUBJECT: SUMMERLAND ENTERPRISES, INC.

Ref. Number: W01000018573

We have received your document for SUMMERLAND ENTERPRISES, INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Michael Mays Document Specialist

Letter Number: 001A00046197

Division of Corporations - P.O. P.O.V. coor on u. a

RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned <u>Adrea Migliaccio</u> , do hereby	y certify
that this Resolution of the Board of Directors of Summer land Enterpl	rises Irea
(Corporate Name)	
a corporation duly organized and existing under the laws of the State of	ECRI
was duly adopted on 7 1995	FIL AUG 22 CRETARY
Be it resolved, that Summer land Enterprises Inc. (Corporate Name)	ED PH 2: 20 COF STATE
organized and existing in the State of New Jersey, hereby adopts the	name 2
Summerland Enterprises Irc. of N.J. for use in I	
Dated: 8/21/01 Judien Migliacois	·
Signature of either Chairman, Vice Chairman or any officer	
Andrea Migliaccio Type or print name	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tailahassee, FL 32314

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. Summerland Enterprises Inc
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. New Tersey (State or country under the law of which it is incorporated) (FEI number, if applicable)
4. July 1995 (Date of incorporation) 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualification (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
Principal office address) AMAIL > 3845 North Seminale Pt. Crystal River, Fla. 34428 (Current mailing address)
Current mailing address) (Current mailing address) 8. Open FLA. Bank Account / Investments
(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 or Mail Drop Box NOT acceptable)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Office Address: 3845 N. Semhole Pt.
Ciyet AL River, FLA: Florida 34428 (City) (Zip code)
10. Registered agent's acceptance:

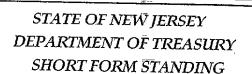
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative 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 spenature)

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.

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

A. DIRECT	TORS							
Chairman:			<u> </u>		- 			.
Vice Chairma					-	.,,		-
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Director:	<u> </u>				-			-
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B. OFFICE	_	,				ETA ETA	29 1	
President:	Andrea Migliac	m,0	<u> </u>			<u> </u>	FILE 22	-
Address:	3845 N. Se.	ninole	bt.					%
	CrySTAL RIVER	F	LĂ.	34428		981 124 124 124 124 124 124 124 124 124 12	.;; .>> .	
Vice President:		•				- ۱۰۱		
Address:	none		-		<u> </u>			
			· . <u></u>					
	Andrea Might			<u> </u>		· ·	<u> </u>	
							<u> </u>	
Address:	3845 N. Sen	inole	P+.	CHITAL	Kiver,	FLA.	34428	
Treasurer:	Some							
Address:	30-7100		.		<u> </u>		0r_	
NOTE TO								
NOTE: If nec	cessary, you may attach an addend	ium to the a	ipplication li	sting additional of	ficers and/or	directors.		
13	- Jundya	- Mal	praio			<u>-</u> .	<u></u>	se . ·
	(Signature of Chairman, Vice C				~ ~	ication)		
14	HACTEA (Typed or printed name	MigliA	ccio	<u>Preside</u>	at_			.: -
	/-1 han or himsed name	and capaci	el or herson	aguing applicatio	11)			



SUMMERLAND ENTERPRISES INC.

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on July 24, 1995.

As of the date of this certificate, said business continues as an active business in the State of New Jersey. Annual Reports are outstanding for the following year(s):

1999

I further certify that the registered agent and registered office are:

William R Alburtus 2532 Belmar Blvd Wall, NJ 07719

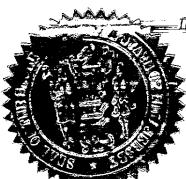
Continued on next page . . .

SECRETARY OF STATE



STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

SUMMERLAND ENTERPRISES INC.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 24th day of July, 2001

Mil Kamance

Peter R Lawrance Acting State Treasurer SECRETARY OF STATE