CORPDIRECT AND ASS, INC. (for edy CCRS) 103 N. MERIDIAN TREET, AWER LEV TALLAHASSEE, P. 2501 222-1173
FILING COVERSHEET ACCT. #FCA-14  TAGGREET R R R R R R R R R R R R R R R R R R
CONTACT: CINDY HICKS
DATE: 1-15-02
REF.#: 0319.4453
CORP. NAME: Summeractivites, Inc.
( ) ARTICLES OF INCORPORATION ( ) ARTICLES OF AMENDMENT ( ) ARTICLES OF DISSOLUTION ( ) ANNUAL REPORT ( ) TRADEMARK/SERVICE MARK ( ) FICTITIOUS NAME 27 ( ) FOREIGN QUALIFICATION ( ) LIMITED PARTNERSHIP ( ) LIMITED LIABILITY ( ) REINSTATEMENT ( ) MERGER ( ) WITHDRAWAL ( ) CERTIFICATE OF CANCELLATION ( ) UCC-1 ( ) UCC-3
STATE FEES PREPAID WITH CHECK#50/336 FOR \$ 78.75
AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED: 4000047758947-01/15/020101402301/15/0201014023
COST LIMIT: \$
PLEASE RETURN:
CERTIFIED COPY  ( ) CERTIFICATE OF GOOD STANDING  ( ) CERTIFICATE OF STATUS

Examiner's Initials

TRANSMITTAL LETTER
TO: Registration Section Division of Corporations
SUBJECT: SUMMERTIME ACTIVITIES, INC. (Name of Corporation – must include suffix)
Dear Sir or Madam:
The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.
Please return all correspondence concerning this matter to the following:
JUAN SABADELL SEE T
(Name of Person)  (Name of Per
584 COLUMBUS AV.
(Address) THORNWOOD, NY 10594. (City/State and Zip Code)
For further information concerning this matter, please call:
A/EL DIAZ at (914) 773 - 1368 (Name of Person) (Area Code & Daytime Telephone Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399  MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:
\$70.00 Filing Fee \$\sum \\$78.75 Filing Fee & \$\sum \\$78.75 Filing Fee & \$\sum \\$87.50 Filing Fee, Certificate of Status & Certified Copy

## APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. SVMMERTIME ACTIVITIES INC. (Name of corporation; must include the word "INCORPORA SER" or "CORPORATION"
1. SVMMERTIME ACTIVITIES INC  (Name of corporation: must include the word "INCORPORATED" or "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 net so contained in the name a present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
2. NEW YORK (State or country under the law of which it is incorporated)  3. 06-1500537 (FEI number, if applicable)
4. 07/18/97 (Date of Incorporation)  5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetual")
6. UPON OVALFICATION (Date corporation first conducted Affairs in Florida - See sections 617.1501, 617.1502, and 817.155, F.S.)
7. 584 COLUMNIS ALEWITE THOUSAND DE COLUMNIS CONTROL AND ALEWITE THE COLUMNIS CONTROL AND ALEXANDER COLUMNIS COLUM
7. 584 COLUMBUS AVENUE THORNWOOD, NY 10594  (Principal office address)  THORNWOOD, NY 10594.  (Current mailing address)
operate summertine camps youth clubs, and other youth related
operate summertime camps youth clubs, and other youth related formational activities. Its purpose is to provide exciting formatine 8. relimitely designed to loster relationship between the Child and God mobiling family.  (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name: CORPDIRECT AGENTS
Office Address: 103 N. MERIDIAN STREET
TAILAHASSEE , Florida 3230   (City) (Zin Code)
(City) (Zip Code)

Registered agent's acceptance:

O. 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.

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 addresses of officers and/or directors:

## A. DIRECTORS

Chairman: EMILIO DIAZ-TORRE	
Address: 393 DERBY AJ.	TAKE 02
ORANGE, CT 06477	量量
Vice Chairman: MICHAEL SUNEY	SEE
Address: 10211 NORTON ROAD	F ST 3
POTOMAL, MD 20854	RIDA RIDA
Director: JVAN SABADELL	·
Address: 584 COWMBUS AV.	
THORNWOOD, NY 10594	
Director: MICHAEL & ZIRKLE	02 TA
Address: 584 COLUMBUS AU.	AND A T
THORNWOOD, NY 10594.	SSEE P
B. OFFICERS	FLOR
President: EMILIO DIAZ-TORRE	<b></b>
Address: 393 DERBY AV.	
ORANGE, CT OG477	
Vice President: LICHAEL SUNEY	· · · · <u>-</u> · · · · · · · · · · · · · · · · · · ·
Address: 10211 NORTON ROAD	
POPOMAC, MD 20854	·
Secretary: WAN SABADELL	
Address: 584 COLUMBUS AU. THORNWOOD, NY	10594
Treasurer: JUAN SABADELL	
Address: 584 COWMBUS AV. THORNWOOD, NY	J0594.
NOTE: If necessary, you may attach an addendum to the application listing addition	nal officers and/or directors.
13. Sabadelle Vice Chairman on any officer listed in number	r 12 of the application
(Signature of Chairman, Vice Chairman, or any officer listed in number	a 12 of the application)
14. JUAN SABADELL. (Typed or printed name and capacity of person signing appropriate the capacity of person signing approximate the capacity of person significant the capacity of the capacity of person significant the capacity of person significant the capacity of the capacity	pplication)

## State of New York Department of State | ss:

I hereby certify, that the Certificate of Incorporation of SUMMERTIME ACTIVITIES INC. was filed on 07/18/1997, as a Not-for-Profit Corporation and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

Witness my hand and the official seal of the Department of State at the City of Albany, this 14th day of November

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