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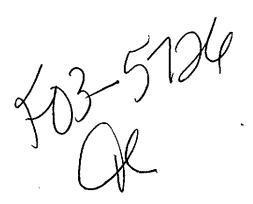
(Requestor's Name)				
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PICK-UP WAIT MAIL				
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Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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Office Use Only



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To: Tammi Cline - Document Specialist Subject: Summit National Consolidation Group Inc res # W03000023950 We have Sivelly obtained an authoriticate certificate of good standing which is attached to this letter. The you have any surther questions please call Ken WestlinicFo. at 727 531 8871 Kank You K Westlin



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 22, 2003

MARIO QUENNEVILLE 2650 COUNTRYSIDE BLVD. C-206 CLEARWATER, FL 33761

SUBJECT: SUMMIT NATIONAL CONSOLIDATION GROUP INC.

Ref. Number: W03000023950

We have received your document for SUMMIT NATIONAL CONSOLIDATION GROUP INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence, which usually consists of a single sheet of paper and clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence from the same office that provided you with the certified copy.

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) 245-6020.

Tammi Cline Document Specialist

Letter Number: 303A00047646

TRANSMITTAL LETTER

	ntion Section a of Corpora				
SUBJECT: _	SUMMI	Name of corpo	CONSOLIONTION	GROVP IN	e
		(Name of corpo	ration - must include s	suffix)	
Dear Sir or Mad	lam:				
	Existence", a	by Foreign Corporation and check are submitted da.			
Please return all	correspond	ence concerning this m	natter to the following:	;	
Magio_	QUE WAR	eville			
	Letter Jetter		ne of Person)		
SUMMIT	- ALATA	nine Consola	ONTION GROW	P MC	
		•	n/Company)		
2650 (COUNT	AYSIDE B	LVD C-2	306	
		(,	Address)		
CLEAR	WAT	AYSIDE B	210A 33	376/	
		(City/S	tate and Zip code)		
For further info	rmation con	cerning this matter, ple	ase call:		
					- E-5 (1)
MARIO	QUEL	121511 He at 172	カッ 542-	0700	
(Name	of Person)	<u>(NEU ke</u> at (<u>76</u>	rea Code & Daytime	Telephone Number)	
					A TO
					The same
STREET ADD			MAILING AD		
Registration Sec Division of Cor			Registration Se Division of Cor		
409 E. Gaines S	-		P.O. Box 6327	porations	
Tallahassee, FL			Tallahassee, FL	. 32314	
Enclosed is a ch	neck for the	following amount:		_	
□ \$70.00 Filing	g Fee 🗆	\$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing For Certified Copy		Filing Fee, ate of Status & d 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.

(Name of co	orporation; must include the word "INCORPOR	LATI	ED", "COMPANY", "CORPORATION" or			
words or ab	obreviations of like import in language as will closon or partnership if not so contained in the name	early	indicate that it is a corporation instead of a			
•	1WPAE		76-0544385		, .	
(State or con	untry under the law of which it is incorporated)		(FEI number, if applicable)			
4. Ilul	4 13, 1987	5.	PERPETUAL			
	(Date of incorporation)	_	(Duration: Year corp. will cease to exist or "perpe	tual")		
6. <u>UPOK</u>	QUALIFICATION					
(Date first to	ransacted business in Florida. If corporation ha		transacted business in Florida, insert "upon qualific, 607.1502 and 817.155, F.S.)	ation.")		
	•		•	, ¬ /		
7. <u>656</u>	6.5 OLMERTON KOMD (Principal office	: add	LANGO FLORIDA 337		•	
210	•			1		
265	(Current mailing	g add	CLERWAYER FLA 3376	<i></i>	•	
				.•		
8. <i>[NA]</i>	N MADVEACTURING WI	11	BE IN FLORIDA		-=	
(Pur	pose(s) of corporation authorized in home state	OT C	ountry to be carried out in state of Florida)	;	/	
9. Name an	d <u>street address</u> of Florida registered ag	ent:	(P.O. Box or Mail Drop Box NOT acceptable), .		
Nom	e: MARIO QUERIANENI/O				_ •	
Nam	C. THINKSO GUANANAUTI				1,5	
Office Addre	ess: 2650 COUNTRYSIDE BU	20	<u> </u>	Ş	60	
	CLEBRWATER		, Florida 3376/			
	(City)		(Zip code)			
10 70 11	1					

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)

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. DIRECTORS	•			
Chairman: MARIO QUENZEVILLE	<u> </u>		<u></u>	<u> </u>
Address: B650 COUNTAY SING	BIVD C	206		
CLEARWATER FLA	33761		15	<u></u>
Vice Chairman:				.2
Address:		<u> </u>	·_ 43	<u>.</u> <u>:</u>
			· <u>F</u>	<u> </u>
Director:		<u> </u>	<u>.</u>	<u> </u>
Address:		s = j tai Euro	<u> </u>	
			<u> 1948 († 195</u>	
Director: MICHAEL CIMARME	No	1 - T		<u> </u>
Address: 3/08 DAWNING S		<u></u>		
CLEARWATER FLA	33759	·	_	<u> </u>
B. OFFICERS			2-3 ₁	42 45.7
President: MANIO QuoNERI/Le		<u> </u>		
Address: 2650 COUNTRY GIPE B			*. *	
CLORAVATER FLA 337	(7		<u> </u>	
Vice President: FRANK CHARACLL	<u>r </u>			<u></u>
Address: 2669 CEDAR GLEN	DAIUE			<u> </u>
DUNEDIN FLA 34	698			
Secretary: LAURIE SURVEEN//2		- 1-m		
Address: 2650 Country 45103 BC	UD C 206	CLEANE	ATER KL	4 33761
Treasurer:	<u> </u>	· -		···-
Address:		<u>, </u>	<u> </u>	<u> </u>
MOTE I				
NOTE: If necessary, you may attach an addendum to the	he application listing a	idditional officers	and/or directors	S.
(Signature of Chairman, Vice Chairman	, or any officer listed	in number 12 of t	he application)	
14. MARIO QUENTERI	· /	. يو		
(Typed or printed name and cap	pacity of person signin	g application)		

Delaware The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SUMMIT NATIONAL CONSOLIDATION GROUP, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTY-FIRST DAY OF OCTOBER, A.D. 2003.



Warriet Smith Hindson
Harriet Smith Windson, Secretary of State

AUTHENTICATION: 2724423

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