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(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer.	
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Office Use Only



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SECRETARY OF STATE

COVER LETTER

TO: New Filing Section Division of Corporations			
SUBJECT: SUMNER SYSTE (Name of corpo	oration - must include suffix)		
Dear Sir or Madam:			
	for Authorization to Transact Business in Florida," I to register the above referenced foreign corporation to		
Please return all correspondence concerning this m	atter to the following:		
DAVID J	HINSON ne of Person)		
(Nan	ne of Person)		
SUMNER SYST	EMS MANAGEMENT, IN C.		
1501 WEST CHE	AVENUE Address)		
WINTER	PARK FL 32789 tate and Zip code)		
(City/S	tate and Zip code)		
For further information concerning this matter, plea	ase call:		
DAVIA T HOSEL OF 6	15 394 0845		
Name of Person) at (6)	rea Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
New Filing Section	New Filing Section		
Division of Corporations	Division of Corporations		
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	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 & \$87.50 Filing Fee, Certified Copy 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.

·	le in Florida, enter alternate corporate na	_					1)	
2. TENI	Vessee	incorporated) 3. G2-1643007 (FEI number, if applicable)						
(State or country u	ider the law of which it is incorporated)		(FEI num	ber, if applic	able)			
4. Jun	(Date of incorporation) 5. PERSETVAL (Duration: Year corp. will cease to		14L					
(Date o	f incorporation)	(Durati	on: Year corp. w	ill cease to e	xist or "	'perpetual")	
6	(Date first transacted busine (SEE SECTIONS 607,1501 & 60				·)		_	
7. 150	OI WESTCHESTEN AVI	ENVE	WINTER	PARK	FL	3278	39	
	(Current mailing	address)						
150	OI WEST CHESTER AVE	SUVE	WINTER	PARK	FL	327	89	
W	(Current mailing	address)		,				
(Purpose(s) 9. Name and street	of corporation authorized in home state of address of Florida registered agent:	P.O. Box	be carried out in	state of Flori	ida)	SECH	08 AU	
(Purpose(s)	of corporation authorized in home state of address of Florida registered agent: (DA いの J. Hiいらい	or country to (P.O. Box <u>)</u>	be carried out in	state of Flori	ida)	SECRETA TALLAHAS	E	•
(Purpose(s) 9. Name and street Name:	address of Florida registered agent: (DAVID J. HINSUN 1501 WEST CHESTER	or country to (P.O. Box 1) Aug	be carried out in NOT acceptable	state of Flori	ida)	SECRETATY (E	77
(Purpose(s) 9. Name and street Name:	address of Florida registered agent: (DAVID J. HINSUN 1501 WEST CHESTER	or country to (P.O. Box 1) Aug	be carried out in NOT acceptable	state of Flori	ida)	SECRETARY OF S	AUG 25 PM	FILEO
(Purpose(s) 9. Name and street	of corporation authorized in home state of address of Florida registered agent: (DA いの J. Hiいらい	or country to (P.O. Box 1) Aug	be carried out in NOT acceptable	state of Flori	ida)	SECRETARY OF STATE	E	FLEO

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:	<u>₹</u> g	0.	_
Address:	\$\$	=	_
	SSA SSA		_ <u></u>
	M _C	Ď	_[_
Vice Chairman:	- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10		
Address:		~	_
			_
Director:			_
Address:			
Audioss.			_
			-
Director:			-
Address:			_
			_
B. OFFICERS			
President: DANIO J. HINSON			-
Address: 1561 WEST CHESTON AND			_
WINTER PARK FL 32789			_
Vice President:			
Address:	. , ,		-
			-
Secretary: MEUSCA HINSON			
Address: 1561 WESTCHESTER AT WINTER PACK, FL 32789			_
Treasurer:			_
Address:			
Address:		•	_
NOTE: If necessary, you may attach an addengum to the application listing additional officers and/or d	lirectors.		
(Signature of Director or Officer listed in number 12 of the application)			-
(Typed or printed name and capacity of person signing application)			-

Secretary of State
Division of Business Services
312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, Tennessee 37243

ISSUANCE DATE: 08/18/2008 REQUEST NUMBER: 08231522 TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 06/05/1996 STATUS: ACTIVE CORPORATE EXPIRATION DATE: PERPETUAL CONTROL NUMBER: 0313013 JURISDICTION: TENNESSEE

TO: DAVID J HINSON 1501 WESTCHESTER AVE REQUESTED BY: DAVID J HINSON 1501 WESTCHESTER AVE

WINTER PARK, FL 32789

WINTER PARK, FL 32789

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

"SUMNER SYSTEMS MANAGEMENT, INC."

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF INCORPORATION AND DURATION AS GIVEN ABOVE; THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE EXISTENCE OF THE CORPORATION HAVE BEEN PAID; THAT THE MOST RECENT CORPORATION ANNUAL REPORT REQUIRED HAS BEEN FILED WITH THIS OFFICE; AND THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

SECRETARY OF STATE

AUG 25 PM I

FOR: REQUEST FOR CERTIFICATE

ON DATE: 08/18/08

RECEIVED:

FEES \$20.00

\$0.00

FROM: SUMNER SYSTEMS MANAGEMENT INC (HENDERSON 321 INDIAN LAKE RD

TOTAL PAYMENT RECEIVED:

\$20.00

HENDERSONVILLE, TN 37075-0000

RECEIPT NUMBER: 00004465897 ACCOUNT NUMBER: 00263548



RILEY C. DARNELL SECRETARY OF STATE