F100000000309

(Requestor's Name)				
(Address)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Denise gave				
AUTHORIZATION BY PHONE TO				
CORRECT # 9				
DATE 5/ 18/10				
DOC EXAM				
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Office Use Only



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SECRETARY OF STATE

APPROVED
FLEB

COVER LETTER

TO: New Filing Se Division of Co				
SUBJECT: S	ILVER SUM	LIT CORP	INC	
		poration - must		
Dear Sir or Madam:				
"Certificate of Exister	ation by Foreign Corpora ace," or "Certificate of Goign corporation to transaction	ood Standing" a	nd check are sub	
Please return all corre	spondence concerning th	is matter to the f	ollowing:	
DENISE	Dio			
	h	Name of Person		
SILVER	Summit Core	, INC		
	F	irm/Company	•	-
R2 Bo	x 300C			
		Address		
PRINCET	0N, MO 64			
	Cit	y/State and Zip of	ode	
WOOLYTH	REE @ EARTH	LINKINE	T	
	E-mail address: (to	be used for futur	e annuai report i	iotification)
For further informatio	n concerning this matter,	please call:		
DENISE DI	o at (239) á	29-743	7
Name of Pers	on	Area Code &	29-743 Daytime Teleph	one Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Enclosed is a check for the following amount:			MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
\$70.00 Filing Fee	\$78.75 Filing Fee Certificate of Star		5 Filing Fee & ied Copy	□ \$87.50 Filing Fee, 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.

1. SILVER SUMMIT CORP, IN				
(Enter name of corporation; must include "INCORPORAT "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	ED," "COMPANY," "CORPORATION,"			
(If name unavailable in Florida, enter alternate corporate na	ame adopted for the purpose of transacting business in Florida)			
2. NEW YORK STATE	3. <u>11-2942807</u>			
(State or country under the law of which it is incorporated)	(FEI number, if applicable)			
	5. PERPETUAL			
(Date of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")			
6.				
	ess in Florida, if prior to registration) 07.1502, F.S., to determine penalty liability)			
7. R2 Box 300 C PRINCETON, W)) = =================================			
(Principal office address)				
R2 BOX 300C PRINCETON MO	64673 全部	< <		
(Current mailing		7		
		P		
8. TO BE SELF EMPLOYED -		Ö		
(Purpose(s) of corporation authorized in home state of	or country to be carried out in state of Florida)	=		
9. Name and street address of Florida registered agent:	(P.O. Box <u>NOT</u> acceptable)			
Name: CONIDARIS BUILDERS & GENER	AL CONTRACTORS, INC.			
Office Address: 15045 Pino Rida	<u>, 04</u>			
Office Address: 1-x0-15 10 10 17 10 19	00000			
tox+ Migrs	, Florida 5500			
(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 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.



APPROVEL AND FILED

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

A. DIRECTORS	10 MAY 17 PM 2:41
Chairman:	SECRETARY OF STATE
Address:	SECHETARY OF STATE TALLAHASSEE, FLORIDA
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
resident: DENISE DIO Address: RZ BOX 3000 PRINCETON MO	
/ice President:	
ecretary: CATHY MACARI	
ddress: 44 SAND LANE TSLANDIA NEW Y	
ddress:	
NOTE: If necessary, you may attach an addendum to the application 3.	
4. Signature of Director or Officer listed in num TENISE DIO (Typed or printed name and capacity of pers	



State of New York Department of State ss:

10 MAY 17 PM 2:41

SECRETARY OF STATE TALLAHASSEE, FLORIDA

I hereby certify, that the Certificate of Incorporation of SILVER SUMMIT CORP. was filed on 12/01/1988, with perpetual duration, 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 an existing corporation.

The Biennial Statement is past due.

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WITNESS my hand and the official seal of the Department of State at the City of Albany, this 26th day of April two NE thousand and ten.

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