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Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP
Account Number : I20040000031
Phone : (800) 906-9220
Fax Number : (800) 906-9880FOREIGN NAME REGISTRATION
SUMMIT REATIL SOLUTIONS, INC.

Certificate of Status	0
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2012 APR 16 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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RECEIVED
12 APR 16 PM 1:14
DIVISION OF CORPORATIONS

J. Shivers APR 17 2012

(H120000974933)

**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. **SUMMIT RETAIL SOLUTIONS, INC.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **DELAWARE**

(State or country under the law of which it is incorporated)

3.

(FEI number, if applicable)

4. **04-14-2012**

(Date of incorporation)

5.

PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. **UPON FILING.**

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **19 HASTINGS COURT, DARTMOUTH, MA 02747**

(Principal office address)

19 HASTINGS COURT, DARTMOUTH, MA 02747

(Current mailing address)

8. **RETAIL COMPANY**

(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 NOT acceptable)

Name: **REGISTERED AGENT SOLUTIONS, INC.**

Office Address: **155 OFFICE PLAZA DRIVE, SUITE A**

TALLAHASSEE

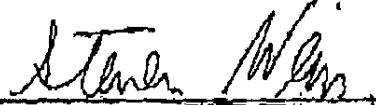
(City)

Florida 32301

(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.

 **Ast. Secretary**
(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.

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

A. DIRECTORS

Chairman: Chad Powers

Address: 19 Hastings Court
Dartmouth, MA 02747

Vice Chairman: _____

Address: _____

Director: Chad Powers

Address: 19 Hastings Court
Dartmouth, MA 02747

Director: _____

Address: _____

B. OFFICERS

President: Chad Powers

Address: 19 Hastings Court
Dartmouth, MA 02747

Vice President: Ronald A. Clement and Thomas Spiro

Address: 19 Hastings Court
Dartmouth, MA 02747


Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Director or Officer listed in number 12 of the application)

14. CHAD A POWERS President
(Typed or printed name and capacity of person signing application)

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Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SUMMIT RETAIL SOLUTIONS, 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 FOURTH DAY OF APRIL, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SUMMIT RETAIL SOLUTIONS, INC." WAS INCORPORATED ON THE FIFTEENTH DAY OF FEBRUARY, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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TALLAHASSEE, FLORIDA

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Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 9480281

DATE: 04-04-12