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

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| | COVE | N LEITER | |
| TO: New Filing Sec | etion | | |
| Division of Co | | | |
| | • | | |
| SUBJECT: Summe | ers Investments, Inc. | | |
| | Name of corpora | ration - must include suffix | |
| Dear Sir or Madam: | | | |
| The enclosed "Applica | tion by Foreign Corporation | n for Authorization to Transac | t Business in Florid |
| | | Standing" and check are subn | |
| above referenced foreign | gn corporation to transact be | usiness in Florida. | • |
| Please return all corres | pondence concerning this m | natter to the following: | |
| Justin Summers | | | |
| - | Nam | e of Person | ······································ |
| Summers Investme | inte Inc | | |
| Summers myesume | | /Company | |
| | | Company | |
| 200 S. Biscayne Bl | F. indiana in the desired and the control of the co | | |
| | A | Address | |
| Miami, FL 33131 | | | |
| | City/St | ate and Zip code | |
| summersinvestmer | itsinc@yahoo.com | | |
| *** *** · · · · · · · · · · · · · · · · | | ised for future annual report no | otification) |
| Ear forthar information | | | |
| ror further information | concerning this matter, ple | ase can: | |
| | | 7440047 | |
| t | | | |
| Justin Summers | at (305 | | |
| Justin Summers Name of Perso | | 714-9347 Area Code & Daytime Telepho | ne Number |
| Name of Perso | on A | Area Code & Daytime Telepho | |
| Name of Person | ON A | Area Code & Daytime Telepho MAILING AD | DRESS: |
| Name of Perso | URIER ADDRESS: | Area Code & Daytime Telepho | DRESS: |
| STREET/COL New Filing Sec Division of Co Clifton Buildin | URIER ADDRESS: etion rporations | MAILING AD New Filing Sec Division of Cor P.O. Box 6327 | DRESS: tion porations |
| Name of Person STREET/COL New Filing Secondinistion of Co | URIER ADDRESS: etion rporations ag e Center Circle | Area Code & Daytime Telepho MAILING AD New Filing Sec Division of Cor | DRESS: tion porations |
| STREET/COUNTY New Filing Second Division of Conception Building 2661 Executive | URIER ADDRESS: ection rporations ag e Center Circle L 32301 | MAILING AD New Filing Sec Division of Cor P.O. Box 6327 | DRESS: tion porations |



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FLORIDA DEPARTMENT OF STATE

Division of Corporations

November 21, 2012

JUSTIN SUMMERS SUMMERS INVESTMENTS INC. 200 S. BISCAYNE BLVD., SUITE 2790 MIAMI, FL 33131

SUBJECT: SUMMERS INVESTMENTS INC.

Ref. Number: W12000058644

We have received your document for SUMMERS INVESTMENTS INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is H72901 (SUMMER INVESTMENTS CORPORATION).

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4) or 608.502(4), F.S., this office is required to collects a civil penalty of \$1,000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

Please return the corrected original and one copy of 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) 245-6052.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 512A00028052

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. S | Summers Inv | estments Inc. | | | |
|------------------|--|---|--|--|-----------|
| | | orporation; must include "INCORPORATED,' orp," "Inc," "Co," or "Corp.") | ' "COMPANY," "CORPORATION | 22 | |
| | | S and land | 1. 6 | 1 - 0 | |
| <u></u> | · · · · · · · · · · · · · · · · · · · | | ments Group | Inc. | |
| (11) | i name unavana | ble in Florida, enter alternate corporate name | adopted for the purpose of transacting | ; business in Florida) | |
| | levada | | 45-3425354 | | |
| (St | tate or country t | under the law of which it is incorporated) | (FEI number, if appli | cable) | |
| 4. <u>8</u> | /3/2011 | 5. | Perpetual | | |
| | (Date | of incorporation) | (Duration: Year corp. will cease to | exist or "perpetual") | |
| 6 | | upon aualific | cation | | |
| | | (Date first transacted business in (SEE SECTIONS 607.1501 & 607.15 | n Florida, if prior to registration) 502, F.S., to determine penalty liabilit | у) | |
| _{7.} 17 | 85 EAST S | AHARA AVENUE, SUITE 490 LAS | S VEGAS, NV 89104 | | |
| | | (Principal office add | | | |
| 20 | 00 S. Biscay | rne Blvd. Suite 2790 Miami, FL 331 | 31 | | |
| | ······································ | (Current mailing add | ress) | | |
| | | \ | | | |
| 8. <u>a</u> | ny lawful pu | | | ······································ | |
| | (Purpose(s) | of corporation authorized in home state or co | untry to be carried out in state of Flor | rida) | |
| 9. N | ame and stree | t address of Florida registered agent: (P.C | D. Box <u>NOT</u> acceptable) | • 9 | |
| | Name: | Anita Major-Summers | | - A | 3 |
| Offic | ce Address: | 200 S. Biscayne Blvd. Suite 2790 |) | | |
| | | Miami | , Florida 33131 | SS TO | 13 |
| | | (City) | (Zip code) | E P | Ĭ |
| | . | • | , · | | 7 |
| | | ent's acceptance: ed as registered agent and to accept servi | ice of process for the above states | d cornellion at he place | ro |
| | | application, I hereby accept the appoints | | | |
| | | omply with the provisions of all statutes i | | | |
| dutie | es, and I am fo | amiliar with and accept the obligations o | f my position as registered agent | • | |
| | | | | | |
| | | 1 WX O | | | |
| | _ | (Registered agent's si | gnature) | | |
| | | () | · · · · · · · · · · · · · · · · · · · | | |

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: Justin Summers | | | | | |
| Address: 15262 SW 161st Street Miami, FL 33187 | | | | | |
| | | | | | |
| Vice Chairman: | A. | | | | |
| Address: | | | | | |
| | | | | | |
| Director: | | | | | |
| Address: | | | | | |
| | to proper to the state of the s | | | | |
| Director: | | | | | |
| Address: | - 5 6, | | | | |
| ## #\"\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | 3 3 | | | | |
| B. OFFICERS | ASS | | | | |
| President: | | | | | |
| Address: | PH 12: 0 | | | | |
| | DM 4 | | | | |
| Vice President: | | | | | |
| Address: | | | | | |
| | | | | | |
| Secretary: | | | | | |
| Address: | | | | | |
| Treasurer: | | | | | |
| Address: | | | | | |
| NOTE: If necessary, you may attach an addendum to the application listing additional officers | | | | | |
| 13. Zent | | | | | |
| Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms th | at the facts stated herein | | | | |
| are true and that he or she is aware that false information submitted in a document to the Depar a third degree felony as provided for in s.817.155, F.S. | tment of State constitutes | | | | |
| 14. Justin Summers | | | | | |

(Typed or printed name and capacity of person signing application)



CERTIFICATE OF EXISTENCE (INCLUDING AMENDMENTS)

13 JAN 10 PH 12: 07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **SUMMERS INVESTMENTS INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since August 3, 2011, and is in good standing in this state.

I further certify, that the above corporation has Articles of Incorporation and no amendments on file in this office as of the date of this certificate.

Electronic Certificate
Certificate Number: C20121115-1197
You may verify this electronic certificate
online at http://www.nvsos.gov/

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on November 15, 2012.

ROSS MILLER Secretary of State