

FILED 000005225

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

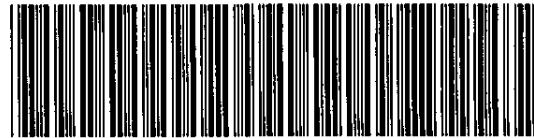
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900292316459

11/21/16--01023--005 **70.00

FILED
16 NOV 21 AM 11:37
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA

T WASHINGTON

NOV 23 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Summit Acceptance Corp.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

William A. Walker

Name of Person

Nisen & Elliott, LLC

Firm/Company

200 W. Adams Street, Suite 2500

Address

Chicago, IL 60606

City/State and Zip code

wwalker@nisen.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William A. Walker

at (312) 696-2503

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
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 & Certified 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.

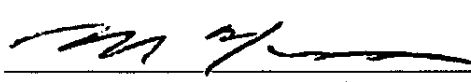
1. Summit Acceptance Corp.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Delaware 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 10/29/2013 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 4620 Blackfoot Trail SE., Calgary, AB T2G 4G2
(Principal office address)
- _____
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CT Corporation System
Office Address: 1200 S Pine Island Rd #250
Plantation, , Florida 33324
(City) (Zip code)

9. 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)

Michael Jones
Assistant Secretary

10. 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.

FILED
16 NOV 21 AM 11:37
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Richard N. Romeril

Address: 4620 Blackfoot Trail SE

Calgary, AB T2G 4G2

Vice Chairman: Nathan Clarke

Address: 4620 Blackfoot Trail SE

Calgary, AB T2G 4G2

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Richard N. Romeril

Address: 4620 Blackfoot Trail SE

Calgary, AB T2G 4G2

Vice President: Nathan Clarke

Address: 4620 Blackfoot Trail SE

Calgary, AB T2G 4G2

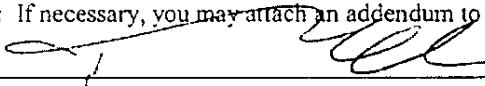
Secretary: Richard N. Romeril

Address: 4620 Blackfoot Trail SE, Calgary, AB T2G 4G2

Treasurer: Troy Paulence

Address: 4620 Blackfoot Trail SE, Calgary, AB T2G 4G2

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

12. 
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Troy Paulence, Treasurer

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

FILED
16 NOV 21 AM 11:37
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE
TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "SUMMIT ACCEPTANCE CORP." 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 NINTH DAY OF NOVEMBER, A.D. 2016.

FILED
16 NOV 21 AM 11:37
DELAWARE STATE
FBI/AMARSE, FLORIDA



5423549 8300

SR# 20166555355

You may verify this certificate online at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State

Authentication: 203308850

Date: 11-09-16