

F17000002879

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

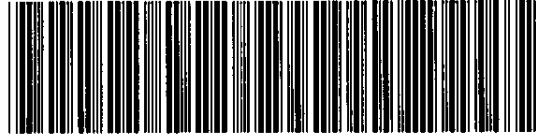
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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DEPT. OF REVENUE

17 JUN 26 PM 3:28

JUN 27 2017
J. HARRIS

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.Incserve.com
e-mail: info@incserve.com



ORDER FORM

TO: Florida Department of State
Division of Corporations, Clifton
Building
2661 Executive Center Circle
Tallahassee, FL 32301
corphelp@dos.myflorida.com
850-245-6051

FROM: Melissa Stops
mstops@incserve.com
850.656.7953

REQUEST DATE: 6/26/2017

PRIORITY: Routine

OUR REF. # (Order ID#): 585141

ORDER ENTITY:
SUMMIT SERVICES, INC.

PLEASE PERFORM THE FOLLOWING SERVICES:
SUMMIT SERVICES, INC. (FL)

File the attached foreign qualification document

NOTES:
\$70.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:
ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to read "Melissa Stops".

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

**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 Services, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- Summit Services FL, Inc.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. PA 3. 23-3100239
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 11/19/2001 5. _____
(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. 805 Mountain Top Drive, Collegeville, PA 19426
(Principal office address)
- 2829 SW 47th Terrace, Cape Coral, FL 33914
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Dennis Pellegrino
- Office Address: 2829 SW 47th Terrace
- Cape Coral, Florida 33914
(City) (Zip code)

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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)

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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Karen Pellegrino

Address: 805 Mountain Top Drive

Collegeville, PA 19426

Vice President: _____

Address: _____

Secretary: Karen Pellegrino

Address: 805 Mountain Top Drive, Collegeville, PA 19426

Treasurer: Karen Pellegrino

Address: 805 Mountain Top Drive, Collegeville, PA 19426

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

12. Karen Pellegrino

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. Karen Pellegrino, President Karen Pellegrino KAREN PELLEGRINO

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

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TALLAHASSEE FLORIDA

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

06/15/2017

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

SUMMIT SERVICES, INC.

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set
my hand and caused the Seal of the Secretary's
Office to be affixed, the day and year above written

Pedro A. Contes
Secretary of the Commonwealth

Certification Number: TSC170615141419-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify.aspx>