12/15/21, 8:46 Division of Corporations

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

Foreign Limited Liability Company

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Summery, Inc.

S. FRANKLIN DEC 16 2021

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Help

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO

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19542080845

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

REGISTER A FOR Summery, Inc. 1.	REIGN CORPORATION TO TRANSACT	BUSINESS IN THE STATE OF FLORIDA.
(Enter name of co	orporation; must include "INCORPORATEL orp," "Inc," "Co," or "Corp.")	O," "COMPANY," "CORPORATION,"
Delaware		e adopted for the purpose of transacting business in Florida)
(State or country 5/17/2016	y under the law of which it is incorporated) 5	(FEI number, ifapplicable) Perpetual
(Date	of incorporation)	(Date of duration, if other than perpetually 22
7935 Airport Pull	(SEE SECTIONS 607.1501 & 607. ing Rd. N, Ste 4, #372, Nuples, FL 34109-17	in Florida, if prior to registration) 1502, F.S., to determine penalty liability) 32
		ripal office address)
8. Name and <u>stree</u> Name:	(Current mainst address of Florida registered agent: (P. C.T Corporation System	ing address, if different) O. Box NOT acceptable)
Office Address:	1200 South Pine Island Road	
	Plantation, (City)	Florida
	(Cliv)	(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.

By: CT Corporation System

Candice Pignataro - Assistant Secretary

(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. DIR	ECTORS			
Chairman	:			
Address:				
Vice Chai	rman:			
Address:				
	Érin Michelson	········		
Director:	7935 Airport Pulling Rd. N. Ste 4, #372, Naples, FL 34109-1732			
Address:				
150				
Address:			 =	
B. OFF	ICERS		2022	
Provident	Erin Michelson	-	<u>E</u>	"1
	7935 Airport Pulling Rd. N, Ste 4, #372, Naples, FL 34109-1732	-	<u></u>	(PERSONAL PROPERTY OF THE PERSONAL PROPERTY OF
Address:		100 100 %	2	'
		<u> </u>	<u> </u>	- Land
Vice Pres	ident.	<u> </u>	 	
Address:		· · · · · · · · · · · · · · · · · · ·		
	Erin Michelson			
Secretary	7935 Airport Pulling Rd. N., Ste 4, #372, Naples, FL 34109-1732			
Address:	Erin Michelson			
Treasurer	7935 Airport Pulling Rd, N, Ste 4, #372, Naples, FL 34109-1732			
Address:				
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and	d/or direc	ctors.	
12.	Esin Muchober			
77. 65	Signature of Director or Officer	na facta -	unad L	arain
are true : a third d	peer or director signing this document (and who is listed in number 11 above) affirms that the and that he or she is aware that false information submitted in a document to the Departme egree felony as provided for in s.817.155. F.S. Michelson, President			
			.	
	(Typed or printed name and capacity of person signing application)			

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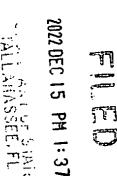


Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SUMMERY, 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 FIFTEENTH DAY OF DECEMBER, A.D. 2021.

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

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



Authentication: 204980554

Date: 12-15-21

6044831 8300 SR# 20214095035

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