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## **CT CORP**

#### (850) 656- 4724 3558 lakesore Drive Tallahassee, FL 32312

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Name:	Summa Mana	gement Services O	rganization, Inc.
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Order #:	14964878 - 6		
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Apostille/Notarial Certification:		Country of Destination:  Number of Certs:	
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Thank you!

### **COVER LETTER**

TO:	Registration Section Division of Corporations		
SHRI	ECT: Summa Management Serv	ices Organization	ı, Inc.
5000		ne of corporation	n - must include suffix
Dear S	ir or Madam:		
"Certif		ate of Good Star	Authorization to Transact Business in Florida." and check are submitted to register the ess in Florida.
Please	return all correspondence conce	rning this matte	r to the following:
Brenda	Horton		
_		Name of	Person
Beneso	ch Law		
		Firm/Con	npany
200 Pu	iblic Square, Suite 2300		
		Addr	ress
Clevel	and, Ohio 44114		
		City/State a	and Zip code
bhorto	n@beneschlaw.com		
	E-mail addr	ess: (to be used	for future annual report notification)
For fu	rther information concerning thi	s matter, please	call:
Brenda	n Horton	at ( 352	636-6452
	Name of Person	Area Coo	
	STREET/COURIER ADDR Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Please	sed is a check for the following a make check payable to: FLORIDA 0.00 Filing Fee	DEPARTMENT	T OF STATE.  \$ \$78.75 Filing Fee & □ \$87.50 Filing Fee.  Certified Copy 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.

		dopted for the purpose of transacting 46-1145832	
Ohio (State or countr	y under the law of which it is incorporated)	(FEI number, if app	olicable)
(Date	of incorporation) 5.	(Date of duration, if other th	nan perpetual)
06/18/2023			
	(Date first transacted business in		,
1000 E. Mauleus C	(SEE SECTIONS 607.1501 & 607.15	02, F.S., to determine penalty liability	y)
1200 E. Market S	treet, Suite 400, Akron, Ohio 44305	e <u>street</u> address)	
	(Principal offic	e <u>street</u> address)	
	(Current mailing	address, if different)	21
			573.
		Box NOT acceptable)	
Name and stree	t address of Florida registered agent: (P.O		
	t address of Florida registered agent: (P.O C T Corporation System		2
Name:			1-2 FM
Name:	C T Corporation System 1200 South Pine Island Road		2023 JUH-2 FYIO:
	C T Corporation System	FL 33324 (Zip code)	1-2 PHO: 52

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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

(Registered agent's signature)

A. DIRECTORS William Epling □ Chairman ☐ Chairman Name: \_\_\_\_ 1077 Gorge Boulevard Address: □Vice Chairman ☐ Vice Chairman Address: Akron, Ohio 44310 □Director Director President □ President ☐ Vice President ☐Vice President ☐ Secretary ☐ Treasurer □ Secretary □Treasurer □ Other \_\_\_\_\_ Other \_\_\_\_\_ □Other \_\_\_\_\_ Other \_\_\_\_\_ Robert Gerberry Chairman □ Chairman Name: \_\_\_\_\_\_ 1077 Gorge Boulevard □Vice Chairman Address: ☐ Vice Chairman Address: Akron, Ohio 44310 □ Director □ Director ☐ President ☐ President ☐ Vice President □Vice President \_\_ ☐ Treasurer □Treasurer ■ Secretary □Secretary □Other \_\_\_\_\_ □ Other □ Other \_\_\_\_\_ Dawn Ahner □ Chairman □ Chairman Name: 1077 Gorge Boulevard □Vice Chairman Address: ☐Vice Chairman Address: Akron, Ohio 44310 □ Director ☐ Director □ President ☐ President ☐ Vice President \_ □ Vice President ☐ Secretary ■ Treasurer □Secretary ☐ Treasurer □Other \_\_\_\_\_ □Other \_\_\_\_\_ Other Other \_\_\_\_\_ Important Notice: Use an attachment to report more than six (6) The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when sixing your Florice Department of State Annual Report form. 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. Robert Gerberry, Secretary

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

# UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show SUMMA MANAGEMENT SERVICES ORGANIZATION, INC., an Ohio corporation, Charter No. 2137382, having its principal location in Akron, County of Summit, was incorporated on September 19, 2012 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 30th day of May, A.D. 2023.

**Ohio Secretary of State** 

Fred John

Validation Number: 202315000824