COURIER ADDRESS:

TO:

Qualification/Tax Lien Section Division of Corporations

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St Tailmassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

at (301) 279-7722 (Area Code & Daytime Telephone Number)

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:

summit Capital G	Group, Inc.				
(Name of corporation: must include abbreviations of like import in langu person of partnership if not so contains.)	the word "INCORPORA" age as will clearly indicate ined in the name at presen	TED", "COMPAN that it is a corpor it.)	Y","CORPORA' ration instead of a	FION" or words natural	or
Maryland		3. 52-194	4199		
2. (State or country under the law of white	th it is incorporated)	J	(FEI number, if a	pplicable)	****
0ctober 12, 199	95	5. Perpet	ual		
(Date of Incorporation)		(Duration: Year	corp. will cease to	exist or "perpeti	in' -
N/A-New Ent	tity			-	•
(Date first transacted business in	Florida. (SEE SECTIONS C	07.1501,607.150	02, AND 817.155,	F.S.)	
77830 Old George	etown Road		·		
Bethesda, Md 2	0814				
	(Curent mailing	address)			
8. Mortgage Lendi	ng / Brokerage			AS	
(Purpose(s) of corporation authorized Florida)	in home state or country	to be carried out i	in the state of	<u> </u>	
9. Name and street address of acceptable) Name:Harold	Florida registered : J. Berkelhamme		Box or Mail Dr	OP SE	
Office Address: 3485 En	viron Blvd			1:12 TATE ORIDA	J
Lauderh	ill	, Florida ,	33360		
10. Registered agent's accepta	nce:		(Zip Code)		
Ilaving been named as registered corporation at the place designate registered agent and agree to act all statutes relative to the proper and accept the obligations of my all. Attached is a certificate of edelivery of this application to official having custody of co	tled in this application in this capacity. I rand complete perform position as registers (Registered agents)	further agree to remance of my sed agent. Signature) Licated, not mo	cept the appoi o comply with duties, and I a	ntment as the provision m familiar wi	s oʻ ^r th

12. Names and addresses of officers and/or directors: (Street address ONLY-P. O. Box NOT acceptable) A. DIRECTORS (Street address only- P. O . Box NOT acceptable) Chairman: Carl M. Borkolhammor Address: ____ N/A Vice Chairman:___ Address: _____ Director: ___ Address: ____ Director: Address: ___ B. OFFICERS (Street address only- P. O. Box NOT acceptable) Carl M. Berkelhammer President: _ 5116 WILSON LANE Address: Betheson mo 20814 Vice President: Michael G. Hubbard Address: ____ 6805 CHEVY CHASE 20815 Michael G. Hubbard Secretary: Same as above Address: _ Michael G. Hubbard Treasurer: Same as above Address: _ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors! 13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

Carl M. Berkelhammer/President

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

14.

STATE OF MARYLAND

423405

STATE DEPARTMENT OF ASSESSMENTS AND TAXATION

301 West Preston Street Bultimore, Maryland 21201

I, BRENDA A. WALKER OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT SAID DEPARTMENT, BY THE LAWS OF SAID STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATE CHARTERS, OR OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE; AND I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT SUMMIT CAPITAL GROUP, INC.
IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND SAID CORPORATION HAS FILED. ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN THE STATE OF MARYLAND.

96 MAY IL PM 1: 12
SEGRETARY OF STATE
TALLAHASSEE, FLORIDA



IN WITNESS WHEREOF, I HAVE HEREUNTO SET MY HAND AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE THIS TOTH DAY OF FEBRUARY, 1996.

BRENDA A. WALKER ADMIN SPECIALIST II

AT5-031