(04000043560

(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:			
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02/13/04--01016--005 **125.00

Mary

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Febuary 5, 2004

Division of Corporations Florida Department of State 406 E. Gaines Street Tallahassee, FL 32399

Re: Articles of Organization for Summit Management Group, LLC

Dear Sir or Madam:

Please file that attached Articles of Organization. I have enclosed 1 check for the filing fees for the filing & RA appointment for \$125.00.

Please return evidence to me, via mail, at the address below:

International Business Company Formation, Inc. Attention: Irene Lovett 101 Main Street, Suite One Tappan, NY 10983

Please let me know if you have any questions or problems with this request. I can be reached at 888.891.9440.

Thank you!

Sincerely,

Irene F. Lovett

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name The name of the Limi	: ited Liability Company is: SUMN	NIT MANAGEMENT GROUP, LLC
ARTICLE II - Addr The mailing address a		office of the Limited Liability Company is:
Principal Office Add	dress:	Mailing Address:
9 PARK LAKE WAYNE, NJ		9 PARK LAKE COURT WAYNE, NJ 07470
ARTICLE III - Regi	istered Agent, Registered Office,	& Registered Agent's Signature:
The name and the Flo	orida street address of the registered	l agent are:
1	NRAI Services, Inc.	
_	Name	
;	526 E. Park Avenue	
_	Florida street address (P.O. Box NO	T acceptable)
-	Tallahassee _{FL} 32	2301
	City, State, and Zip	
liability company at t. registered agent and statutes relating to the accept the obligation.	the place designated in this certificate agree to act in this capacity. I further proper and complete performance is of my position as registered agent of NRAI Services, Inc.	vice of process for the above stated limited to, I hereby accept the appointment as er agree to comply with the provisions of all of my duties, and I am familiar with and as provided for in Chapter 608, F.S
	(CONTINUED)	7. 0

Page 1 of 2

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<u>Fitle:</u> 'MGR" = Manager 'MGRM" = Managing Memb	Name and Address:
MGRM	HAROLD J. REISNER 9 PARK LAKE COURT WAYNE, NJ 07470
Use attachment if necessary)	
NOTE: An additional articles REQUIRED SIGNATURE:	le must be added if an effective date is requested.
Signature o	famember or an authorized representative of a member.
of this docu	nce with section 608.408(3), Florida Statutes, the execution ment constitutes an affirmation under the penalties of perjury ts stated herein are true.) hac Leaper Laper Typed or printed name of signee
	Filing Fees: \$100.00 Filing Fee for Articles of Organizatio \$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)