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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 319481 8083534

AUTHORIZATION

COST LIMIT

ORDER DATE: October 5, 2016

ORDER TIME : 3:06 PM

ORDER NO. : 319481-005

CUSTOMER NO: 8083534

FOREIGN FILINGS

NAME: SUMMIT CPA GROUP, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

COVER LETTER

TO:

TO:		istration Section ision of Corporations					
SUBJE	CT:	Summit CPA Group.	LLC				
			Name of L	imited Liability C	ompany		
						nsact Business in Florida," C company to transact busines	
Please	retum	all correspondence co	ncerning this matter to the f	ollowing:			
		Cathy Eix					
			Na	me of Person			
	Summit CPA Group, LLC						
	Firm/Company						
		9815 Dawson's Creek Blvd					
	Address						
		Fort Wayne, IN 46825					
	City/State and Zip Code						
		cathy@summitepa.net					
			E-mail address: (to be used	for future annual	report noti	fication)	
For fur	rther i	nformation concerning	this matter, please call:				
Cathy Eix		260 at (918-882	23			
		Name of	Contact Person	Area Code	Day	time Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division of Registratic Clifton B 2661 Exe	ADDRESS: of Corporations ion Section uilding cutive Center Circle ee, FL 32301			
Enclos		a check for the follow \$125.00 Filing Fee	ing amount: \$\Bigsize \\$130.00 \text{ Filing Fee & Certificate of Status}\$	☐ \$155.00 Filin Certified Copy	ig Fee &	☐ \$160,00 Filing Fee, Cer of Status & Certified Copy	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Summit CPA Group, LI	LC	
(Name of Fore	ign Limited Liability Company; must include "Limited Liability Company," "L.L.C.,	"or "LLC.")
(If name unavailable, enter al Liability Company," "L.L.C."	ternate name adopted for the purpose of transacting business in Florida. The alternate	name must include "Limited
2. Indiana	3, 11-3730017	
(Jurisdiction under the law company is organized)	of which foreign limited liability (FEI number, if applications)	ıble)
4. 10.5.16		
5. 9815 Dawson's Creek l	(Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) Blvd	
Fort Wayne, IN 46825		——————————————————————————————————————
6.	(Street Address of Principal Office)	
·		100 All parties
	(Mailing Address)	
7. Name and street address	s of Florida registered agent: (P.O. Box NOT acceptable)	S S
Name:	Corporation Service Company	9: 40 TATE TATE
Office Address:	1201 Hays Street	A O
	Tallahassee , Florida 32301 (City) (Zip code	
designated in this applica to complywith the provision		iability company at the place of this capacity. I further agree
	(Registered agent's signature)	Asst. Vice President
8. The name, title or capa	ncity and address of the person(s) who has/have authority to manage is/are:	
Cathy Eix - Firm Adminis	strator - 9815 Dauson's Greek Blyd Fort L	Jame IN 416825
	ger - C1815 Dawson's Creek Blud, Fort Wayne	,
jurisdiction under the law of the translator must be so This document is executed	of existence, no more than 90 days old, duly authenticated by the official have of which it is organized. (If the certificate is in a foreign language, a translation ubmitted) Signature of an authorized person If in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that the Department of State constitutes a third degree felony as provided for in such that the Department of State constitutes a third degree felony as provided for in such that the Department of State constitutes a third degree felony as provided for in such that the Department of State constitutes a third degree felony as provided for in such that the Department of State constitutes a third degree felony as provided for in such that the Department of State constitutes a state of the Department of State constitutes as the Department of State of the Departme	on of the certificate under oath t any false information

State of Indiana Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

SUMMIT CPA GROUP, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on November 01, 2004, and was in existence or authorized to transact business in the State of Indiana on October 05, 2016.

I further certifiy this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, October 05, 2016

Corrie Lamon

CONNIE LAWSON
SECRETARY OF STATE

2004110300095 / 2016120265 Verify this certificate:https://bsd.sos.in.gov/ValidateCertificate