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COVER LETTER

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SUBJECT:	Summit Acceptance, LLC					
SUBJECT	Name of Limited Liability Company					
	I "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of the check are submitted to register the above referenced foreign limited liability company to transact business in Florid					
ease return	all correspondence concerning this matter to the following:					
11.	William A. Walker					
	Name of Person					
	Nisen & Elliett, LLC					
	Firm/Company					
	200 W. Adams Street, Suite 2500					
,	Address					
" 1	Chicago, IL 60606					
	City/State and Zip Code					
	wwalker@nisen.com					
	E-mail address: (to be used for future annual report notification)					
For further is	formation concerning this matter, please call:					
144.	William A. Walker 312 696-2503					
	Name of Contact Person Area Code Daytime Telephone Number					
Div Reg P.O	STREET ADDRESS: STREET ADDRESS:					
Plea	losed is a check for the following amount: see make check payable to: FLORIDA DEPARTMENT OF STATE \$125.00 Filing Fee \$\sum_{\text{S130.00 Filing Fee & }}\sum_{\text{S155.00 Filing Fee & }}\sum_{\text{S160.00 Filing Fee, Certificate of Status}}\sum_{\text{Certified Copy}}\sum_{\text{S160.00 Filing Fee, Certified Copy}}					

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February 21, 2020

WILLIAM A WALKER 200 W ADAMS ST STE 2500 CHICAGO, IL 60606

SUBJECT: SUMMIT ACCEPTANCE, LLC

Ref. Number: W20000018575

We have received your document for SUMMIT ACCEPTANCE, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 420A00003899

RECEIVED

MAR 0 9 2020

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

IN COMPLANCE WITH SECTION (05,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Summit Acceptance, LI	.C						
(Name of Foreign	limited Liability Company; must include "Limit	ed Liability Company,"	"L.L.C.," or "LLC.")				
france unavailable, enter alternate na	me adopted for the purpose of transacting business in FI	orida. The alternate name m	ust include "Limited Liability C	ormpany," "L L.C	or "LLC.	")	
Arizona	-						
(Jurisdiction under the law of which foreign limited liability company is organized)		3	3. (FEI number, If applicable)				
	(Date first transacted business in Florida, If prior to (See sections 605,0901 & 605,0505, F.S. to determ	o registration.) nine penalty liability)					
664 Thomas Lane		664 Thom 6.					
(Sucer Address of P	recipal Office)	v	(Mailing Address)				
El Centro, California 9	2243	El Centro,	California 92243				
				_ 			
		·					
Name and street addres	s of Florida registered agent: (P.O. Bo	x <u>NOT</u> scceptable)		4.7 7,2	21		
,				Ÿ.	~C		
M	C T Corporation System			;	E3		
Name:					2		
Office Address:	1200 S Pine Island Rd			• •	-T-	;	
	Plantation	121	33324 cride				
	(City)		(Zip code)	_ `.·	Ω		

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

James M. Halpin
Assistant Secretary

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to الأرائية الإرازية فالقرائل والوساسية Title or Canacity: Name and Address: Title or Capacity: Name and Address: Name: Kaizen Resources, Inc. Nathan Clarke Manager Manager Manager Address: ___ 4620 Blackfoot Trail SE Address: Member | []Member Calgary, AB T2G 4G2 Wilmington, DE, 19801 Authorized Authorized Person Person Other__ Other____ Other_ Other____ Manager Name: Manager 🔲 Member Member Address: _______ Address: Authorized Authorized Person Person Other____ Other_____ Other Other___ Manager Name: _____ Manager Name: _____ Mcmber Member Address: Address: _____ Authorized Authorized Person Person Other ____ □Other Other____ Other___ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under outh of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any 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. Signature of an authorized person Nathan Clarke, Manager Typed or printed name of signee





STATE OF ARIZONA



Office of the CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

SUMMIT ACCEPTANCE, LLC

ACC file number: L22238709

was incorporated under the laws of the State of Arizona on 10/02/2017, and that, according to the records of the Arizona Corporation Commission, said limited liability company is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.



IN WITNESS WHEREOF. I have hereunto set my hand, affixed the official seal of the Arizona. Corporation Commission, and issued this Certificate on this date: 01/13/2021

Matthew Neubert, Executive Director



