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(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	cy/State/Zip/Phone	e#)
•	•	•
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	_ Certificates	s of Status
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HILLU 03 NOV 24 PM 3: 39 SECRETARY OF STATE SECRETARY OF STATE

(SAMPLE LETTER OF TRANSMITTAL)

DATE 11-20-03

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Summ Investment, Inc. (Name of Corporation)

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$78.75

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours.

Uvonne D. Foster LAING

Summ Investment Ine

MAILING ADDRESS OF CORPORATION -
P. O. Box 1248
CHIEFLAND
FL 32644
PHONE
352) 486-3573
Area Code Number Ext.

ARTICLES OF INCORPORATION

of

	OI		
Summ	Investment	Inc	
	(name of corporation)		 _

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:

	ARTICLE I - CORPORAT	TE NAME	TALI SE	03	
The name of the corporation is:	To estimat	7.0	CRETA	NOV 2	<u> </u>
<u>Summ</u>	Investment	Inc	SEX	<u> </u>	
			SF SF	2	J
	ARTICLE II - DURA	TION	STAT OR	သ န	
This corporation shall exist perpetu	ually unless dissolved according	to Florida law.	DA 3	0	-

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue 500 shares of common stock, par value \$ 1.00 per share.

ARTICLE V - INITIAL PRINCIPAL OFFICE

The street address of the initial principal office and, if different, the mailing address is:

STREET A	DDRESS	190	NC	OURT	STRE	:67			
CITY	BRON	SON	<u>· </u>		FLORIDA	FL	<u>.</u> :	ZIP 320	621
		if different		,					
STREET A	DDRESS	P. D.	Box	12	48				
CITY (Thies	land			FLORIDA	FC		ZIP 32	621

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office and the name of the initial registered agent at the office is:

NAME	yvonne	D. For	STER	LAING	
ADDRESS	190 N	Court	STREE	=7	
CITY	BRONS	<i>ي</i> م	FLORI	DA FC	ZIP 32621

	· ARTICLE VII -	INITIAL BOARD OF DIRECTORS	3
either increase	poration shall have	e By-Laws, but shall never be less that	he number of directors may but one (1). The names and
NAME	YVDNINE D. FOS	STER LAING	
ADDRESS	190 N. COURT	STREET	
CITY	190 N COURT S	STATE FC	ZIP 32621
NAME		- 	30000
ADDRESS		1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
CITY		STATE	ZIP
NAME	 		
ADDRESS			,
CITY		STATE	ZIP
ADDRESS CITY NAME	BRONSON	STATE FC	ZIP 32621
ADDRESS		STATE	ZIP
NAME		SIME	211
ADDRESS			· ,
CITY		STATE	ZIP
day of	ned incorporator(s) have executed the november		
		ysle	(Signature)
			(Signature)
			(Signature)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

(name of corporation)			
Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:			
The above corporation, organized under the laws of the State of Florida with its registe		e	
as indicated in the Articles of Incorporation			
BRONSON FC 32621			٠.
has named <u>Yvonne</u> D. Foster LAIN Gr	TA'S	<u> </u>	
located at the aforesaid address, as its registered agent to accept service of process with state.	≥ ≈	NOV 24 PM 3: 40	FILED
Having been named as registered agent and to accept service of process for the above s	stated		

corporation at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with

and accept the obligations of my position as registered agent.