Pala00085446

(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:								
Carlor Garcia Gave AUTHORIZATION BY PHONE TO CORRECT Dame OF COYDYGAIDH DATE 6-23-06 DOC. EXAM CB								



500076482025

06/22/06--01022--027 **128.75



Office Use Only

CB6-23.66

TRANSMITTAL LETTER

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

SUBJECT:								
Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:								
FEES:								
Certificate of Domestication \$50.00								
Articles of Incorporation and Certified Copy \$78.75								
Total to domesticate and file \$128.75								
OPTIONAL:								
Certificate of Status \$ 8.75								
FROM: Cayles Apricio								
Daytime Telephone Number								

CERTIFICATE OF DOMESTICATION

Th	e undersigned.	Rex	D. 1	Berry	, P	reside	ent-		
	0 , _		(Name	·)		(Title)			
of_	Summ-I	Corpor	Hhca ation Nam	re Cons	sulting, I	a for	eign corporati	on,	
					s hereby certify:				
1.	The date on wh	nich corporat	ion was fi	rst formed v	vas <u>Jun 02</u>	, 200 3		•	
2.	The jurisdiction where the above named corporation was first formed, incorporated, or otherwise								
	came into bein	g was	ALA BAM	A				· ·	
3.	. The name of the corporation immediately prior to the filing of this Certificate of Domestication								
	was 54	mm-it	H EALTH	CARE CO	SULTING , I	NC.		<u></u> .	
4.	. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to								
	s. 607.0202 and	1 607.0401 v	vith this c	ertificate is_	Summ-It	It eal thea	AE Consult	ing, INC	
	 The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filling of the Certificate of Domestication was								
	to s. 607.1801.				- Healtha		·		
and	am authorized	to sign this (Certificate	of Domesti	cation on behalf o	of the corpora	tion and have	done	
	this the 10th de					•			
			Ry	Q / Authorized	3	<u>/</u>		FILE	
		~		Filing l	Fee:		1,0°	D PH 3: 20	
		Certificate			ertified Copy	\$50.00 <u>\$78.75</u>		y: 2(
		Total to do			c. mica Copy	\$128.75	Am	<u> </u>	

ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

FILED

06 JUN 22 PM 3: 20

<u>ARTICLE I NAME</u>

THE NAME OF THE CORPORATION SHALL BE:

SUMM-IT HEALTHCARE CONSULTING SERVICES, INC.

SECHLIARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:

4821 old OAK TREE COURT DRIANDO FLORIDA 32808

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

To engage in the business of contractual Consulting for hospitals, healthcare providers, or other business entities in regards to Computer business systems, networks, software, hardware, records and reports; To create, manage, develop, service and/or otherwise Consult hospitals, healthcare providers, or other business entities in the areas of electronic records; To engage in Enstructions, Conversions and or ARTICLE IV SHARES Customization of computer systems, networks, Software.

10,000 shares of common stock of the Paa value of \$1.00 per share.

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

DANIEL Berry

117 Odum Road. Gardendale, Al 35071

CARLOS GARCIA

4821 Old OAK TREE COURT, ORLando FL 32808

JAMES CHOW

187 Greenfield Auc. Toronto M2N3E2

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

CARLOS GARCIA

4821 OLD DATE TREE COURT ORLANDO FLORIDA 32808

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

CARLOS GARCIA

4821 old oak TREE COURT OALando FLORIDA 32808

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I AM FAMILIAR WITH AND ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.

Signature/Registered Agent/Incorporator

6/10/2006

Date