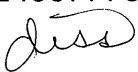
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(Reque	estor's Name)	
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PICK-UP	WAIT	MAIL
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310/12

COVER LETTER

12

TO: Amendment Section Division of Corporations	Group	
SUBJECT: Dissolution of Summit Contin	nity! Inc.	
DOCUMENT NUMBER:		
The enclosed Articles of Dissolution and fee are submitted for	r filing.	
Please return all correspondence concerning this matter to the	following:	
Joni GATES		
(Name of Contact Person)		
(Firm/Company)		
2745 Cullens CT (Address)		
(Address)	•	
Ocoel FL 34761		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
) 295-2338' ode & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
\$35 Filing Fee \$\bigcup \$43.75 Filing Fee & \$\bigcup \$43.75 Filing Fe & Certified Copy (Additional copy enclosed)		
Amendment Section Division of Corporations P.O. Box 6327	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION ILED

Pursuant to articles of d	section 607.1401, Florida Statutes, this Florida profit corporation submits the following issolution: SECRETARY OF STATE TALLAHASSEE, FLORID
FIRST:	The name of the corporation as currently filed with the Florida Department of State:
,	Summit Continuity GROUP, Inc
SECOND:	The document number of the corporation (if known):
THIRD:	The file date of the articles of incorporation: $\frac{8/11/2010}{}$
FOURTH:	(CHECK AT LEAST ONE BOX)
	None of the corporation's shares have been issued.
	The corporation has not commenced business.
FIFTH:	No debt of the corporation remains unpaid.
SIXTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.
SEVENTH:	Adoption of Dissolution (CHECK ONE)
	A majority of the incorporators authorized the dissolution. effective 12/31/20/0
	A majority of the directors authorized the dissolution.
Sign	ature: (By a director/president of other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.) Joni Gares
	(Typed or printed name of person signing)
	(Title of Person Signing)

Filing Fee: \$35