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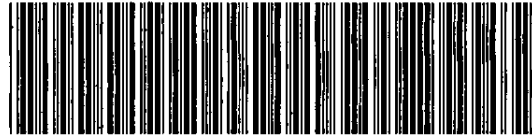
(Business Entity Name)

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W16-26322

*mm*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 8, 2016

BARBARA LOPEZ  
14437 SW 158 PLACE  
MIAMI, FL 33196

SUBJECT: SUMMA CORPORATION  
Ref. Number: W16000026322

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the **complete document**, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation.

One or more major words may be added to make the name distinguishable.

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Matthew T Moon  
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## COVER LETTER

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

SUBJECT:

*Summa Solutions Corp.*

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee☐ \$78.75  
Filing Fee  
& Certificate of Status☐ \$78.75  
Filing Fee  
& Certified Copy☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM:

*Barbara Lopez*

Name (Printed or typed)

*14437 SW 158 Place*

Address

*Miami FL 33196*

City, State &amp; Zip

*305 968 5800*

Daytime Telephone number

*blquintana@yahoo.com*

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

Summa Solutions Corp.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

14437 SW 158 PLMiami FL 33196**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

businessany and lawful**ARTICLE IV SHARES**

The number of shares of stock is:

100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:

Barbara Lopez President

Name and Title:

Address

14437 SW 158 PL

Address:

Miami FL 33196

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Barbara Lopez  
Address: 144 37 SW 158 Place  
Miami, FL 33196

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: Barbara Lopez  
Address: 144 37 SW 158 Place  
Miami, FL 33196

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent 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]  
Required Signature/Registered Agent

03/31/2016  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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]  
Required Signature/Incorporator

03/31/2016  
Date

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