

**F13000002590**

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

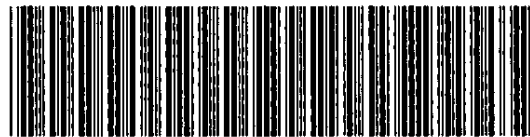
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Summer Solutions Incorporated

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Keith Lorenz

Name of Person

Summer Solutions Incorporated

Firm/Company

129 Kaye Circle

Address

Beaver PA 15009

City/State and Zip code

keith@sumsolinc.com ✓

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

For further information concerning this matter, please call:

Keith Lorenz

Name of Person

at ( 724 ) 780-2404

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

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

FILED  
13 JUN 12 PM 2:46  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA



RECEIVED  
13 JUN 12 AM 11:18

FLORIDA DEPARTMENT OF STATE  
Division of Corporations  
TALLAHASSEE, FLORIDA

May 29, 2013

KEITH LORENZ  
SUMMER SOLUTIONS INCORPORATED  
129 KAYE CIRCLE  
BEAVER, PA 15009

SUBJECT: SUMMER SOLUTIONS INCORPORATED  
Ref. Number: W13000031018

We have received your document for SUMMER SOLUTIONS INCORPORATED and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Corporation cannot serve as its own registered agent. An individual from within the corporation can serve as the agent.

The registered agent must sign accepting the designation.

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) 245-6052.

Diane Cushing  
Regulatory Specialist II Supervisor

Letter Number: 113A00013345

*It is now  
Signed. Thank you,  
Keith Lorenz*

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. **Summer Solutions Incorporated**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **Pennsylvania**

(State or country under the law of which it is incorporated)

3. **25-1803805**

(FEI number, if applicable)

4. **January 1997**

(Date of incorporation)

5. **Perpetual**

(Duration: Year corp. will cease to exist or "perpetual")

6. \_\_\_\_\_

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **129 Kaye Circle Beaver PA 15009**

(Principal office address)

**129 Kaye Circle Beaver PA 15009**

(Current mailing address)

8. **Develop and distribute personal care products for swimmers**

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

Keith Lorenz

Office Address:

460 Chickee Court

Lake Mary

(City)

, Florida 32746

(Zip code)

*This address  
is valid as of  
June 1st 2013  
Keith*

10. **Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation 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.*

Keith E. Lorenz  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: **None**

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: **Keith Lorenz**

Address: **129 Kaye Circle  
Beaver PA 15009**

Vice President: **P. Richard Warburton**

Address: **214 Pilgrim Drive  
Leets PA 15143**

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: **Sherry Lorenz**

Address: **129 Kaye Circle Beaver PA 15009**

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. \_\_\_\_\_

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

14. **President**

(Typed or printed name and capacity of person signing application)

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13 JUN 12 PM 2:46  
SECRETARY OF STATE  
ALABAMA  
TALLAHASSEE, FLORIDA

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE

MAY 22, 2013

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

**SUMMER SOLUTIONS INCORPORATED**

is duly incorporated as a Pennsylvania Corporation under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT, This Subsistence Certificate shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.

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13 JUN 12 PM 2:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

A handwritten signature in cursive script, appearing to read "Carol Aichele".

Secretary of the Commonwealth