

F18000005590

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

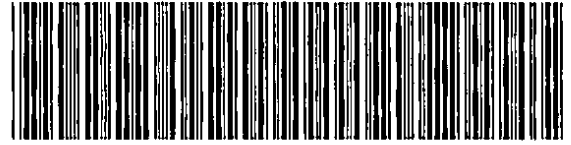
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

TELEPHAS CALL W/ JANEITA SALTUS
FORWARD TO ADD MITT, INC. IN
ADMINISTRATIVE + DATE JAN 31, 2019
SAT 12/6/18 10:11 AM

Office Use Only



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18 NOV 13 PM 12:43

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

Handwritten initials

COVER LETTER

TO: Registration Section
Division of Corporations
JMIH, Inc.

SUBJECT: _____
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:
Janeth E Saltos

	Name of Person
JMIH- Inc.	
<hr/>	
	Firm/Company
109 E 17th Street Suite 5051	
<hr/>	
	Address
Cheyenne, WY 82001	
<hr/>	
	City/State and Zip code
janeth.saltos@jmih-inc.com	
<hr/>	
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

Janeth Saltos	908	656-3963
_____	at (_____)	_____
Name of Person	Area Code	Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration 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

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.

JMIH, Inc.

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

MIH, INC.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) Wyoming 46-3872298

2. (State or country under the law of which it is incorporated) 3. (FEI number, if applicable) October 14, 2013

4. (Date of incorporation) 5. (Date of duration, if other than perpetual) n/a- will begin transacting in Florida in 2019

6. (Date first transacted business in Florida, if prior to registration) JAN 31, 2019 (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

109 E 17th Street Suite 5051 Cheyenne, WY 82001

7. (Principal office address)

(Current mailing address, if different)

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

Name: OFFIX SOLUTIONS LLC

Office Address: 4300 BISCAYNE BLVD SUITE 203 MIAMI, Florida 33137 (City) (Zip code)

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9. 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.

(Registered agent's signature)

10. 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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

Janeth Saltos

President: _____

7575 Linda Vista Road #29

Address: _____

San Diego, CA 92111

Vice President: _____

Address: _____

Secretary: _____

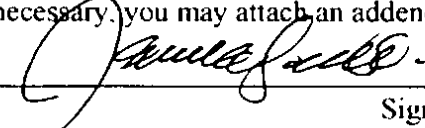
Address: _____

Treasurer: _____

Address: _____

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

12.  _____
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. Janeth E. Saltos _____
(Typed or printed name and capacity of person signing application)

STATE OF WYOMING
Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

JMIH, INC.

is a


Profit Corporation

formed or qualified under the laws of Wyoming did on **October 14, 2013**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2013-000652258**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 4th day of November, 2018 at 4:25 PM. This certificate is assigned 028541221.




Secretary of State