P04000022943

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TRANSMITTAL LETTER

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

SUBJECT: MHA CONSTRUCTION INC.
(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: MUSTAFA ALVI
Name (Printed or typed)

24319, TWIN LAKE DR.
Address

LAND O LAKES, FL 34639
City, State & Zip

(813) 909-9029
Daytime Telephone number

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

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: MHA CONSTRUCTION INC.

ARTICLE II PRINCIPAL OFFICE
The principal place of business/mailing address is: 24319, TWIN LAKE DR.
LAND O LAKES, FL 34639

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: BUILDING CONSTRUCTION

ARTICLE IV SHARES
The number of shares of stock is: 30

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TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
List name(s), address(es) and specific title(s): MUSTAFA ALVI PRESIDENCE
24319, TWIN LAKE DR.
LAND O LAKES, FL 34639

ARTICLE VI REGISTERED AGENT
The name and Florida street address of the registered agent is: MUSTAFA ALVI
24319, TWIN LAKE DR.
LAND O LAKES, FL 34639

ARTICLE VII INCORPORATOR
The name and address of the Incorporator is: MUSTAFA ALVI
24319, TWIN LAKE DR.
LAND O LAKES, FL 34639

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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

M aAlvi
Signature/Registered Agent — 1-21-04 Date

M aAlvi
Signature/Incorporator — 1-21-04 Date