

P17000043031

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

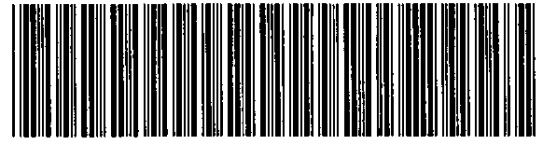
(Business Entity Name)

(Document Number)

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

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05/15/17--01015--001 \*\*70.00

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17 MAY 15 PM 3:12  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

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

**SUBJECT:** MHSB Holdings, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** Mohammad Hajjar  
Name (Printed or typed)

45 Valencia Ave  
Address

Coral Gables, FL 33134  
City, State & Zip

305-445-2399  
Daytime Telephone number

mhajjar@mhajjar.com  
E-mail address: (to be used for future annual report notification)

**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: MHSG Holdings, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

45 Valencia Ave  
Coral Gables, Florida 33134

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Investment property

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**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Mohammad Hajjar / President Name and Title: Susan Hajjar / Vice President

Address 45 Valencia Ave Address: 45 Valencia Ave  
Coral Gables, Florida 33134 Coral Gables, Florida 33134

Name and Title:  Name and Title:

Address  Address:

Name and Title:  Name and Title:

Address  Address:

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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: Mohammad Hajjar

Address: 45 Valencia Ave

Coral Gables, Florida 33134

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Mohammad Hajjar

Address: 45 Valencia Ave

Coral Gables, Florida 33134

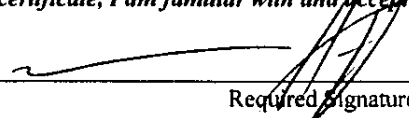
**ARTICLE VIII EFFECTIVE DATE:**

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 days prior or 90 days after the filing.)

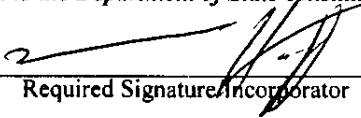
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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.*

  
Required Signature/Registered Agent

5/12/17  
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.**

  
Required Signature/Incorporator

5/12/17  
Date