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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

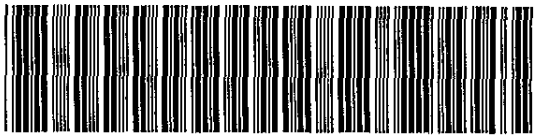
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

J. BRYAN MAR 15 2005

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **MIHM ENTERPRISES, INC.**
(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," 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:

ABBY STIVENDER
(Name of Person)

BUSINESS SUPPORT, INC.
(Firm/Company)

417 STOWE AVENUE, SUITE 2
(Address)

ORANGE PARK, FL 32073
(City/State and Zip code)

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For further information concerning this matter, please call:

ABBY STIVENDER at (**904**) **264-1289**
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

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.

1. **MIHM ENTERPRISES, INC.**
(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. **MICHIGAN**
(State or country under the law of which it is incorporated)

3. **38-3301794**
(FEI number, if applicable)

4. **5/3/1996**
(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. **5501 DELEON AVENUE - FT. PIERCE, FL - 34951**
(Principal office address)

5501 DELEON AVENUE - FT. PIERCE, FL - 34951
(Current mailing address)

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8. **ROOFING SERVICES**
(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: **SHARON MIHM**

Office Address: **5501 DELEON AVENUE**

FT. PIERCE, FL (City), Florida **34951** (Zip code)

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.

(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: _____

Address: _____

_____

Vice Chairman: _____

Address: _____

_____

Director: _____

Address: _____

_____

Director: _____

Address: _____

_____

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B. OFFICERS

President: **SHARON MIHM**

Address: **4104 MEYER DRIVE - HAMILTON, MI - 49419**

_____

Vice President: **FRANK K. MIHM**

Address: **4104 MEYER DRIVE - HAMILTON, MI - 49419**

_____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. _____
(Signature of Director or Officer listed in number 12 of the application)

14. **SHARON MIHM, PRESIDENT**
(Typed or printed name and capacity of person signing application)

UNITED STATES OF AMERICA

The State of Michigan

Michigan Department of Consumer and Industry Services

Lansing, Michigan

This is to Certify That

MIHM ENTERPRISES, INC.

was validly incorporated on May 3, 1996, as a Michigan profit corporation, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284, as amended, to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

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In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 18th day of February, 2005.

, Director

Bureau of Commercial Services

GOLD SEAL APPEARS ONLY ON ORIGINAL