F09000001828

| (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: | | |
| | | |
| | | |
| | | |

Office Use Only



900150887109

04/2009-5049-001 **70.00

09 KAY - 5 PH 12: 55

W09-18993

B. McKnight MAY 0 6 2009

COVER LETTER

| TO: New Filing Section Division of Corporations | | |
|--|--|--|
| SUBJECT: MILE H. IV. (Name of corporation - must include suffix) | | |
| Dear Sir or Madam: | | |
| The enclosed "Application by Foreign Corporation for Aut "Certificate of Existence," and check are submitted to registransact business in Florida. | | |
| Please return all correspondence concerning this matter to | the following: | |
| Eric JACOBSO | n | |
| (Name of Pe | | |
| Mile Hi, In | | |
| (Firm/Compa | any) | |
| 34745 Tranq | riview Lane F1 33592 | |
| (Address |) | |
| Dade City, | F1 33592 | |
| (City/State) and | Zip code) | |
| For further information concerning this matter, please call: | | |
| ERIC JACOBSON at (813) (Name of Person) (Area Cod | 6907937 | |
| (Name of Person) (Area Cod | e & 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: | | |
| - - - | 8.75 Filing Fee & S87.50 Filing Fee, ertified Copy Certificate of Status & Certified Copy | |



April 22, 2009

ERIC JACOBSON 34745 TRANQUIVIEW LANE DADE CITY, FL 33592

SUBJECT: MILE HI INC

Ref. Number: W09000018993

We have received your document for MILE HI INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

The name and title of the person signing the document must be noted beneath or opposite the signature.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of 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) 245-6931.

Letter Number: 809A00013584

Becky McKnight
Regulatory Specialist II
New Filing Section

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

3. 51 0392966
(FEI number, if applicable) orporation)

5. Perpetval
(Duration: Year corp. will cease to exist or "perpetual" 5-1-2009 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (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: Office Address: City, Florida 33592 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, thereby 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. FRIC JACOBSON- DWNER (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: ERIC JACORSON | |
| Address: 34745 tranquiview Lane | |
| Dade City F1 33523 | |
| Vice Chairman: | |
| Address: | |
| | |
| Director: Same | |
| Address: | |
| | |
| Director: Same | |
| Address: | |
| | |
| B. OFFICERS | |
| | 6. 8 |
| President: | 3 |
| Address: | S |
| | |
| Vice President: | TO N |
| Address: | * 55 |
| | ad e e |
| 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. (Typed or printed name and capacity of person signing application) | n |
| (1) ped of prince hame and capacity of person signing application) | |

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MILE HI, INC." IS DULY INCORPORATED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING

AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF

THIS OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF APRIL, A.D.

2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

09 KAY -5 PH 12: 55

3097640 8300

090400807

AUTHENTICATION: 7268316

DATE: 04-27-09

You may verify this certificate online at corp.delaware.gov/authver.shtml