Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 : (850) 205-8842 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION MHM Services, Inc.

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FEB 0 8 2016

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#### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: MHM Services, Inc.	
Name of corporation - m	nust include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Aut "Certificate of Existence," or "Certificate of Good Standin above referenced foreign corporation to transact business is	g" and check are submitted to register the
Please return all correspondence concerning this matter to	the following:
Christine R. Byler	
Name of Pers	son
MHM Services, Inc.	
Firm/Compan	y
1447 Peachtree St. N.E., Suite 500	
Address	
Atlanta, GA 30309	
City/State and 2	Zip code
cbyler@mhm-services.com	<u> </u>
E-mail address; (to be used for t	future annual report notification)
For further information concerning this matter, please call:	
Deana Johnson at ( )	347-4134
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:	
	78.75 Filing Fee & S87.50 Filing Fee, Certified Copy 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.	MHM Services, Inc.			
	(Enter name of co	orporation; must include "INCORPORATED," 'Orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
		•	opted for the purpose of transacting business in F	lorida)
2.	Delaware	3 <b>.</b>	2-1223048	
	` '	under the law of which it is incorporated)	(FEI number, if applicable)	
4.	08/26/1993	5	Perpetual	<del></del>
	,	of incorporation)	(Date of duration, if other than perpetual)	
6.	N/A			·
		(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150		
~	1593 Springhill R	d., Suite 610, Vienna, VA 22182	• • •	
7			office address)	
		· ·		
		(Current mailing	address, if different)	
				£8 ::
8.	Name and stree	t address of Florida registered agent: (P.O.	Box NOT acceptable)	Something the second
	Name:	C T Corporation System		
Of	fice Address:	1200 South Pine Island Road		10.5
		Plantation, FL 33324	, Ftorida	ස
		(City)	(Zip code)	
IId de: fui	aving been nam signated in this other agree to co	application, I hereby accept the appointm	e of process for the above stated corporation ent as registered agent and agree to act in th lative to the proper and complete performan my position as registered agent.	ils capacity. I
	By:-	20 M Jordan Brown, Ass CT Corporation Sy	elstant Secretory stem	
		(Registered ag	ent'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: SEE ATTACHED Address: Vice Chairman: Address: \_\_\_ Director: \_\_ Address: Address: B. OFFICERS President: SEE ATTACHED Address: Vice President: Address: Secretary: \_ Treasurer: \_\_\_ NOTE: Affinecessary, you may attach an addendum to the application listing additional officers and/or directors. 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. (Typed or printed name and capacity of person signing application)

2/5/2016 9:21:15 AM From: To: 8506176383( 5/6 )

#### MHM OFFICERS AND DIRECTORS

#### February 4, 2016

Name	Title	Address	City/State	Zip
MHM Services, Inc.		-		
Michael S. Pinkert	Chairman and CEO, Board Member	1593 Spinghill Road, Suite 610	Vienna, VA	22182
Steven H. Wheeler	President and COO, Board Member	1593 Spinghill Road, Suite 610	Vienna, VA	22182
Deana Johnson	General Counsel & Secretary	1447 Peachtree Street, NE Suite 500	Atlanta, GA	30309
Robert Doolittle	Director	2 Peach Blossom Square	Nashville, TN	37205
Joey A. Jacobs	Director	9229 Hunterboro Drive	Brentwood, TN	37027
E. William Bates, II	Director			
Michael J. Rotko	Director	P.O. Box 369	Unionville, PA	19375
Steven H. Wheeler	Director	1593 Spinghill Road, Suite 610	Vienna, VA	22182
Christopher A. Holden	Director	,		\ <u>-</u>
Carolyn Lowstuter	Officer and Assistant Secretary	1593 Spinghill Road, Suite 610	Vienna, VA	22182
John Campbell	Treasurer	1593 Spinghill Road, Suite 610	Vienna, VA	22182

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# Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "MHM SERVICES, 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 FOURTH DAY OF FEBRUARY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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

Authentication: 201782665

Date: 02-04-16

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SR# 20160605864