9/27/2016



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)205-8842 Fax Number : (850)878-5368

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an	nual	report	t mailin	gs.	Enter	only	one	email	addı	ress	s ple	ase.	**

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## FOREIGN PROFIT/NONPROFIT CORPORATION

MHI Shared Services Americas, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

Corporate Filing Menu

Help

D. SCOTT

SEP 2 8 2016

Electronic Filing Menu

## **COVER LETTER**

TO: Registration Section Division of Corporations	. `		•	
		•	•	
SUBJECT: MHI Shared Services A		1 1 60		
· · · · · · · · · · · · · · · · · · ·	ame of corporation	- must include suffin	<b>K</b>	
Dear Sir or Madam:		•	•	
The enclosed "Application by Forci "Certificate of Existence," or "Certi above referenced forcign corporation	ficate of Good Star	iding" and check are	nsact Business in I submitted to regist	Florida, <sup>17</sup> ter the
Please return all correspondence con	ocerning this matter	r to the following:		
Tancred King				
	Name of	Person		
MHI Shared Services Americas, Inc.				
	Firm/Con	рапу	,	
20 East Greenway Plaza, Suite 830			•	•
	Addr	998		
Houston, TX 77046				至8 <b>6</b>
	City/State a	nd Zip code		To Sold
tancred.king@MSSA.com				等 5
E-mail ac	idress: (to be used	for future annual rep	ort notification)	722 2 [
For further information concerning	this matter, please	call:		
Brooke Lamothe	at ( 860	368-5595		_ 600 <del>-</del> 600 - 60
Name of Person	Arca Cod	e Daytime Te	lephone Number	- 5.00 O
STREET/COURIER ADE Registration Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301 Enclosed is a check for the following	de	Registration Division of P.O. Box (	f Corporations	
S70.00 Filing Fee S78.75	-	3 \$78.75 Filing Fee Certified Copy		ate of Status &

## 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.	MHI Shared Ser	vices Americas, Inc.		
	(Enter name of c "Inc.," "Co.," "C	orporation; must include "TNCORPORATED, orp," "Inc," "Co," or "Corp."}	" "COMPANY," "CORPORATION,"	- ,
	(If name unavails	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)	_
_	Delomore	•	81-3608934	
2.	Octave or countr	y under the law of which it is incorporated)	(FEI number, if applicable)	
	08/18/2016	• •	Perpetual	
4.		of incorporation)	(Date of duration, if other than perpetual)	Nes
e	10/01/2016	• ,		
0.			n Florida, if prior to registration) 502, F.S., to determine penalty liability)	-
7.	20 East Greenway	Plaza, Suite 830 , Houston, TX 77046		<del>-</del>
		(Princi)	pal office address)	
R.	Name and stree	(Current mailine)	ng address, if different)  O. Box. NOT acceptable)	6 SEP F.1
٠.	Name:	C T Corporation System		1_E 27
O	ffice Address:	1200 South Pine Island Road		11.EU 27 M II: 00
		Plantation	, Florida 33324	. T
		(City)	(Zip code)	· · · · · ·
He de fu du	aving been namesignated in this riher agree to coties, and I am f	application, I hereby accept the appoints omply with the provisions of all statutes of amiliar with and accept the obligations of a CT Corporation System  By:  (Registered cortificate of existence duly authenticated	LAURENKEATZ VICE PRESIDENT ugent's signature) , not more than 90 days prior to delivery of this applie	acity. I
(I)	e ⊔epartment of	e state, by the Secretary of State of other of	official having custody of corporate records in the juri	sciction

under the law of which it is incorporated.

Fitting and 09/2015 C. Fitting Allemeter Online

A. DIRECTORS	
Chairman	
.ddress:	····
lice Chairman:	
ddress:	
	<del></del>
irector: Shingo Ueda	
ddress: 16-5 Konan 2- Chome	
Minato-Ku, Tokyo 108-8215 Japan	<u> </u>
irector: Jun Fukuda	
ddress: 20 Eust Greenway Plaza, Suite 830	
Houston, Texas 77046	
. OFFICERS	
esident: Tancred King	
ddress: 20.East Greenway Plaza, Suite 830	
Houston, Texas 77046	
ice President:	<b>₹</b> \$ <b>5</b>
ddress:	
	<u> </u>
cretary:	(45. N
ddress:	1 1 5g2
casurer:	
ddress:	<u> </u>
OTE: If necessary, you may attach an addendum to the application listing additional office	ers and/or directors.
2. Signature of Director or Officer	
the officer or director signing this document (and Alio is listed in number 17 above) affirms re true and that he or she is aware that false information submitted in a document to the Dep	artment of State constitutes
3. Tancred King, President (Types of printed name and expectity of person signing application)	

1.2 W

. 314

## Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "MHI SHARED SERVICES AMERICAS, 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

SEPTEMBER, 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 ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

16 SEP 27 JAIN OF STATE SECRETARY OF STATE

6127671 8300 SR# 20165953734

SR# 20165953734
You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203063102

Date: 09-27-16