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SECRETARY OF STATE
TAIL ANASCRE, FLORIDA

D. SCOTT MAR 3 0 2017

COVER LETTER

TO:	Registration Se Division of Cor			
SUBJ	ECT: MH	S TECHNICAL SER	VicES INC.	
	· · · · · · · · · · · · · · · · · · ·		ion - must include suffix	
Dear S	ir or Madam:			
"Certif	icate of Existenc	ion by Foreign Corporation : e," or "Certificate of Good S n corporation to transact bus	Standing" and check are st	
Please	return all corresp	ondence concerning this ma	itter to the following:	
,	ELLEN MO	u s E L		
			of Person	
,	MHS TELL	WICAL SERVICES	Tuc	
	100p	Firm/C	Company	
,	15509 DAI	HNICAL SERVICES Firm/C ISON HILL PLACE AC		
	0007 0770	Ac	idress	
,	م ما الم	Y. 40199		7. S. 7
	Source	Kg. 40299 City/Stat	te and Zip code	三
F	LIEN MOUSE	E-mail address: (to be use	11 Cm.	第 2 L
		E-mail address: (to be use	ed for future annual repor	t notification)
		concerning this matter, pleas		型 T 35
EL	LEN Mouse	FR at (50.	2 494-8886	
	Name of Perso	n Area C		ephone Number
		RIER ADDRESS:	MAILING	
Registration Section Division of Corporations			Registration Section Division of Corporations	
	Clifton Building P.O. Box 6327			
	2661 Executive	Center Circle	Tallahassee,	
	Tallahassee, FL	. 32301		
Enclos	ed is a check for	the following amount:		/
570	0.00 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. MHS TE	CHNICAL SERVICES, INC.		
(Enter name of co	orporation; must include "INCORPORATED," orp," "Inc," "Co." or "Corp.")	' "COMPANY," "CORPORATION."	
MHS TEC	H, ゴルc・ able in Florida, enter alternate corporate name	adopted for the surmore of temporating h	usiness in Elorida
2. KENTU	y under the law of which it is incorporated) 3.	20-3855520	
4	28/2005 of incorporation) 5.	PERPETUAL	
(Date	of incorporation)	(Date of duration, if other tha	n perpetual)
6			
	(SEE SECTIONS 607.1501 & 607.15	n Florida, if prior to registration) 502, F.S., to determine penalty liability)	
7. SAME -	15509 DAWSON H:11 Plac	, Louisville Ky 402	99
	(Princip	oal office address)	
	(Current mailir	ng address, if different)	
8. Name and stree	et address of Florida registered agent: (P.C	D. Box NOT acceptable)	
Name:	ELLEN MOUSER		SECONO.
Office Address:	ELLEN MOUSER 101421 AVONLEIGH DRIVE BONITA SPRINGS (City)		FILED MR 28 PM APPROPRIES
	BONITA SPRINGS	. Florida 34135	一笔 四
	(City)	(Zip code)	型
9. Registered age			
	ed as registered agent and to accept serv.	ice of process for the above stated c	orporation at the place
designated in this	application, I hereby accept the appoints	nent as registered agent and agree	to act in this capacity. I
	omply with the provisions of all statutes i		performance of my
umies, una 1 am j	amiliar with and accept the obligations o	j my position as registerea agent.	
	Malley Mayor		
	(Registered	agent'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: __ DIRECTOR
Vice Chairman: JENNIFER MCRUNOIDS Louisville, Ky 40299 1 Director: ELLEN MOUSER Address: 15509 DAWSON N:11 Place , Director: CONNIE Judge Address: 15509 DAWSON N:11 Place Louisville, Ky 40299 **B. OFFICERS** President: ELLEN MOUSER Address: 10142 AVOSLEIGH DRIVE BONITASPRINGS, FL 34135 Vice President: JENNIFER MC ReyNolds Address: 324 E MAIN STREET Loui. 5 VIII.e, Key 40202 1 Secretary: CONNIE Judge Address: 1702 CHEROKEE Rd Louisville, Ky 40205 Treasurer: CONNIE Judge Address: 1702 CHEROKEE Rd Lowisville, Ky 40205 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer of 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. 13. ELLEN MOUSER

(Typed or printed name and capacity of person signing application)

Commonwealth of Kentucky Alison Lundergan Grimes, Secretary of State

Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Certificate of Existence

Authentication number: 187295

Visit https://app.sos.ky.gov/ftshow/certvalidate.aspx to authenticate this certificate.

I, Alison Lundergan Grimes, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

MHS TECHNICAL SERVICES, INC.

is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 271B, whose date of incorporation is November 28, 2005 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that Articles of Dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 16th day of March, 2017, in the 225th year of the Commonwealth.



Alison Lundergan Grimes

Secretary of State

Commonwealth of Kentucky

187295/0626438