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SCORCTARY OF STATE DIVISION OF CORPORATIONS



COVER LETTER

TO:	Registration Sect				
	Division of Corp	orations			
	JMIH, Inc.				
SUBJ	ECT:				
		Name o	f corporation	- must include suffi:	Υ.
Dear S	Sir or Madam:				
"Certi		" or "Certificate	of Good Stan	ding" and check are	nsact Business in Florida," submitted to register the
	return all correspo E Saltos	ndence concernir	ng this matter	to the following:	
			Name of I	Person	
JMIH-	Inc.		. Marie of 1	C., C.,	
			Firm/Com	anv	
109 E	17th Street Suite 5	051	'		
			Addre		
Cheye	enne, WY 82001		710010	3.7	
			City/State ar	d Zip code	
janeth	.saltos@jmih-inc.co	əm			
		E-mail address:	(to be used fe	or future annual repo	ort notification)
For fu	rther information co	oncerning this ma	atter, please c	all:	
Janeth	n Saltos		908	656-3963	
	Name of Person	8	Area Code	Daytime Te	lephone Number
	STREET/COUR Registration Sect Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL	ion prations Center Circle	:	Registration Division of P.O. Box 6	f Corporations
Engle-					
Enclos	sed is a check for th	e following amou	ant:		
□ \$70	0.00 Filing Fee	□ \$78.75 Filing Certificate of		\$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

(Fotor nome of co	orporation; must include "INCORPORATED," "COMPANY," "CORPO	NP A TION! "
	orp." "Inc." "Co." or "Corp.")	KATION,
MILL TAIC		
MIH, INC.		
	ible in Florida, enter alternate corporate name adopted for the purpose of	transacting business in Florida)
Wyoming	46-3872 2 98 3.	
(State or country	y under the law of which it is incorporated) (FEI num	ber, if applicable)
October 14, 20		
(Date	of incorporation) 5. (Date of duration	, if other than perpetual)
-	ransacting in Florida in 2019 JAN 31, 2019	
	(Date first transacted business in Florida, if prior to registra	
	(Date first transacted business in Florida, if prior to registra (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine pena	
	(Date first transacted business in Florida, if prior to registra (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalet Suite 5051 Cheyenne, WY 82001	
	(Date first transacted business in Florida, if prior to registra (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine pena	
	(Date first transacted business in Florida, if prior to registra (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penal et Suite 5051 Cheyenne, WY 82001 (Principal office address)	alty liability)
	(Date first transacted business in Florida, if prior to registra (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalet Suite 5051 Cheyenne, WY 82001	alty liability)
109 E 17th Stree	(Date first transacted business in Florida, if prior to registra (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalet Suite 5051 Cheyenne, WY 82001 (Principal office address) (Current mailing address, if different)	NOV
109 E 17th Stree	(Date first transacted business in Florida, if prior to registra (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalet Suite 5051 Cheyenne, WY 82001 (Principal office address) (Current mailing address, if different) t address of Florida registered agent: (P.O. Box NOT acceptable)	NOV 13
109 E 17th Stree	(Date first transacted business in Florida, if prior to registra (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalet Suite 5051 Cheyenne, WY 82001 (Principal office address) (Current mailing address, if different)	NOV 13
109 E 17th Street Name and street Name:	(Date first transacted business in Florida, if prior to registra (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalet Suite 5051 Cheyenne, WY 82001 (Principal office address) (Current mailing address, if different) t address of Florida registered agent: (P.O. Box NOT acceptable) OFFIX SOLUTIONS LLC	18 NOV 13 PM 12:
109 E 17th Stree	(Date first transacted business in Florida, if prior to registra (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalet Suite 5051 Cheyenne, WY 82001 (Principal office address) (Current mailing address, if different) t address of Florida registered agent: (P.O. Box NOT acceptable) OFFIX SOLUTIONS LLC 4300 BISCAYNE BIND SOUTE Z	18 NOV 13 PH 12: 43
109 E 17th Street Name and street Name:	(Date first transacted business in Florida, if prior to registra (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalet Suite 5051 Cheyenne, WY 82001 (Principal office address) (Current mailing address, if different) t address of Florida registered agent: (P.O. Box NOT acceptable) OFFIX SOLUTIONS LLC	18 NOV 13 PM 12: 43

9. 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)

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: Address: Vice Chairman: _____ Address: ___ Address: ____ Address: __ **B. OFFICERS** Janeth Saltos President: 7575 Linda Vista Road #29 Address: San Diego, CA 92111 Vice President: ____ Secretary: Address: Treasurer: _ Address: __ NOTE: If necessary, 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)

Janein E. Saltos

STATE OF WYOMING Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

JMIH, INC.

is a

Profit Corporation

formed or qualified under the laws of Wyoming did on **October 14**, **2013**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2013-000652258**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 4th day of November, 2018 at 4:25 PM. This certificate is assigned 028541221.



Secretary o State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.