

(Re	equestor's Name)	
(Ad	ldress)	
·	•	
	I-IX	
(Ad	ldress)	
(City/State/Zip/Phone #)		
	<u> </u>	
PICK-UP	WAIT	MAIL
(Ru	siness Entity Nan	ne)
(50	ISINGSS CHILTY IVAN	iie)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
		
Special Instructions to	Filing Officer:	





100201212151

04/21/11--01014--022 **160.00

TO ACKNOWLEDGE SUFFICIENCY OF FILING RECEIVED

DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

B. KOHR
APR 2 1 2011

APR 2 1 2011 EXAMINER 11 APR 21 PM 1:28

APR 21 PM 1. 20



ACCOUNT NO. : I2000000195

REFERENCE :

AUTHORIZATION

COST LIMIT

: CHECK ATTACHED

ORDER DATE: April 15, 2011

ORDER TIME : 9:16 AM

ORDER NO. : 746515-010

CUSTOMER NO:

4368890

FOREIGN FILINGS

NAME: MHS CAPITAL LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XXX CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Matthew Young -- EXT# 2962

EXAMINER:

COVER LETTER

	egistration Section ivision of Corporations	
SUBJECT	. MHS C	APITAL LLC
SUBSECT		ame of Limited Liability Company
		ability Company for Authorization to Transact Business in Florida," Certificate of above referenced foreign limited liability company to transact business in Florida
Please retu	rn all correspondence concerning this n	natter to the following:
	William Lang, Counsel	
		Name of Person
	Nixon Peabody, LLP	
		Firm/Company
	437 Madison Avenue	
	W-100-700-	Address
	New York, New York 1002	22
		City/State and Zip Code
	WLang@nixonpeabody.com	
	E-mail address:	(to be used for future annual report notification)
For further	information concerning this matter, ple	ease call:
W	'illiam Lang	at (212) 940-3095
	Name of Person	Area Code & Daytime Telephone Number
Di Re P.	IAILING ADDRESS: ivision of Corporations egistration Section O. Box 6327 allahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
	is a check for the following amo 125.00 Filing Fee \$\int_\$\$130.00 Filing I Certificate of St	Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608:503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: MHS Capital LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.") Delaware (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) Perpetual June 6, 2007 (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 17832 Wagon Wheel Drive Boca Rotan, Florida 33496 (Street Address of Principal Office) If limited liability company is a manager-managed company, check here The name and usual business addresses of the managing members or managers are as follows: Saleh H. Alamoudi 17832 Wagon Wheel Drive Boca Rotan, Florida 33496 Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in (1) furisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under eath of the translator must be submitted.) Nature of business or purposes to be conducted or promoted in Florida: Any lawful business activity which limited liability companies may conduct under applicable laws of the State of Florida Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any 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.) Saleh H. Alamoudi

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Com	npany is:	
MHS Capital LLC		
If unavailable, the alternate to be used in t	he state of Florida is:	
2. The name and the Florida street address	s of the registered agent and office are:	
Corporation Service Comp	· · · · · · · · · · · · · · · · · · ·	
	(Name)	
1201 Hays Street		
Florida Street Ac	ddress (P.O. Box NOT ACCEPTABLE)	
Tallahassee	FL 32301	
	City/State/Zip	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Corporation Service Company

(Signature)

Dona L. Priebe, Assistant VP

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Delaware

PAGE

The First State

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

DELAWARE, DO HEREBY CERTIFY "MHS CAPITAL LLC" IS DULY FORMED

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

AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE

SHOW, AS OF THE TWELFTH DAY OF APRIL, A.D. 2011.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MHS CAPITAL LLC" WAS FORMED ON THE SIXTH DAY OF JUNE, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED
LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF
DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT
HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS
OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

4365434 8300

110407713

UTHENTACATION: 8688569

DATE: 04-12-11

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