Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

AUG -2 2011

EXAMINER

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850) 222-1092 Fax Number : (850)878-5368

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 Limited Liability Company MHMWI, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

COVER LETTER

	ration Section on of Corporations			
SUBJECT: M	RMWI, LLC			
	Name of Limited Liability Company			
The enclosed "A Existence, and o	application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, theck are submitted to register the above referenced foreign limited liability company to transact busin	Certifica sess in Flo	to of rida	
Please return all	correspondence concerning this matter to the following:			
	Name of Person			
	Yamilda Ar v methali			
	Pirm/Company			
	Address			
	City/State and Zip Code			
,	carlsond@84lamber.com E-mail address: (to be used for future amoust report notification)			
For further infor	motion concerning this matter, please call:			
	at()			
<u></u>	Name of Person Area Code & Daytime Telephone Number			
Division Registra P.O. Bo				
Tullelius	see, FL 32314 2661 Executive Center Circle Taliahassee, PL 32301			
Bnclosed is n o	check for the following amount: Piling Fee \$\ins\$130.00 Filing Fee & \$\ins\$\$155.00 Filing Fee & \$\ins\$	SEAKTARY YMTHELIARY	M AUG - I	A Total

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN

Щ	MITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:		
ı,	MRMWI, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	,	
	(1781) of Lange Timber Timber Combany, 1980 mondo Timber Timber Combany, 2004 a 2201		
CQI	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the users of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liabit mpany," "L.L.C." "LLC.")	vritten ity	
2	Pennsylvania 3. 27-1144723		
- 7	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)		
4.	10/15/2009 5. Perpetual		
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")		
6.	Uppn Qualification		
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)		
7.	1019 Route 519, Eighty Four, PA 15330		
	(Street Address of Principal Office)		
8.	If limited liability company is a manager-managed company, check here		
9.	The name and usual business addresses of the managing members or managers are as follows:		
	Margaret Hardy Magerko, 1019 Route 519, Eighty Pour, PA 15330		
10.	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of reco	nds in	
he.	jurisaliction turker the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a salition of the certificate under onth of the translator must be submitted.)		
	Nature of business or purposes to be conducted or promoted in Plorida:		
	· ·		
•	real estate investment Test Male S	.25 1 .	
	Signature of a member or ap authorized representative of a member.	aug.	contract
	(In accordance with section 608,408(3), P.S., the execution of this document constitutes an affirmation under the	9	· · · · ·
	penulties of perjury that the facts stated herein are true. I am avore that any false information submitted in a solution document to the Department of State constitutes a third degree falony as provided for in s.817.155, P.S.)		li manana
	The state of the s	3	m
	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 r	ame of the Limited Liability Company is:					
MHMWI	LIC					
If unavailable, the alternate to be used in the state of Florida is:						
2. The n	ame and the Florida street address of the registered agent and office are:					
	C'T Corporation System					
	(Namc)					
	1200 South Pine Island Road Florida Street Address (P.O. Box NOT ACCEPTABLE)					
١	Plantation FL 33324 City/State/Zip					
llability o agent and rolating to	cen named as registered agent and to accept service of process for the above stated limited company at the place designated in this certificate, I hereby accept the appointment as registered agree to act in this capacity. I further agree to comply with the provisions of all statutes of the proper and complete performance of my duties, and I am familiar with and accept the is of my position as registered agent as provided for in Chapter 608, Florida Statutes. CT Corporation System Spikia Assistant Sections (Signature)					
	\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)					

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

AUGUST 1, 2011

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

MHMWI, LLC

Is duly organized as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT, This Certificate of Good Standing shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth

Certification Number: 9696790-1
Verify this certificate online at http://www.corporations.state.pa.us/corp/soskb/verify.asp