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T. Busch APR. 1.5. 2015.

COVER LETTER

	Registration Section Division of Corporatio	ns
SUBJEC	T: ML	H INVESTMENT GROUP, LLC Name of Limited Liability Company
	osed "Application by Fo	reign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of ed to register the above referenced foreign limited liability company to transact business in Florida
Please re	turn all correspondence	concerning this matter to the following:
	Mic	HAEL T. HARTINGS Name of Person
	·	Firm/Company
		PALMETTO LN Address
	LA	RGO, FL 33770 City/State and Zip Code
		E-mail address: (to be used for future annual report notification)
For furth	er information concerning	ng this matter, please call:
,	MICHAEL Name	T. HARTINUS at (727) 203-2475 of Contact Person Area Code Daytime Telephone Number
	MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314	
Enclose	ed is a check for the \$125.00 Filing Fee	following amount: \$\Bigsup \frac{1}{3} \f

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. MLH INVESTMENT GROUP, LLC

name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alte bility Company," "L.L.C," or "LLC.")		ed
Jurisdiction under the law of which foreign limited liability 3. (FEI number, if	f applicable)	
company is organized)		
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)		
131 PALMETTO LN	75 5 10 7	गास्त्रक्त हुँ
LARGO, RL 33770 (Street Address of Principal Office)	== m == == == == == = = = = = = = = = =	ىلىمىناد مەمىلاد يەمىلاد
(Street Address of Principal Office)	, -	į. Samas
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(Mailing Address) The name, title or capacity and address of the person(s) who has/have authority	y to manage is/are:	e rain
The name title or conscitueed address of the person(a) who has/have authority	p to manage is/are:	7 7 0 7 7 0 337
The name, title or consoity and address of the person(a) who has/have authority	p to manage is/are:	370 337 L
The name title or conscitueed address of the person(a) who has/have authority	p to manage is/are:	337 337 237
The name title or consoity and address of the person(a) who has/have authority	p to manage is/are:	337 337 2337
The name, title or capacity and address of the person(s) who has/have authority MICHARL T. HARTINGS, MANAGER LISA J. HARTINGS, MANAGER 1	y to manage is/are: 131 PALME! LARGO, FL 3 BRGO, FL 3	
The name, title or capacity and address of the person(s) who has/have authority MICHARL T. HARTINGS, MANAGER LISA J. HARTINGS, MANAGER Attached is an original certificate of existence, no more than 90 days old, duly a ring custody of records in the jurisdiction under the law of which it is organized	y to manage is/are: 131 PALMET LARGO, EL 3 31 PALMETTO ARGO, EL 3 authenticated by the office of the control of the contr	cial
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The name, title or capacity and address of the person(s) who has/have authority MICHAEL T. HARTINGS, MANAGER LISA J. HARTINGS, MANAGER Attached is an original certificate of existence, no more than 90 days old, duly a ring custody of records in the jurisdiction under the law of which it is organized eptable. If the certificate is in a foreign language, a translation of the certificate	y to manage is/are: /3/ PALME? LARGO, FL 3 3/ PALMETTO ARGO, FL 3 authenticated by the office d. (A photocopy is not e under oath of the transle	cial ator

1. The name of the Limited Liability Company is:

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

MLH INVESTMENT GROUP, LIC		
If unavailable, the alternate to be used in the state of Florida is:		
The analysis and another the decision of the state of the		
2. The name and the Florida street address of the registered agent and office are:		
BUSINESS FILINGS INCORPORATE	ΕΔ	
	· •	งกรณ์ในต่
515 E PARK AVENUE Florida Street Address (P.O. Box NOT ACCEPTABLE)	MAR 23	elbatzh;
TALLAURISEER 32301		
TALLAHASSERFL 32301 City/State/Zip	17775 87.13	
> ×	.,	

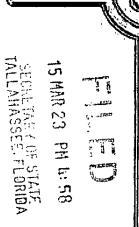
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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 605, Florida Statutes.

Mary Jo Spolinger Asst-Secretary (Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

SECRETARY OF STATE





CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **MLH INVESTMENT GROUP, LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since February 25, 2015, and is in good standing in this state.

S. AL OF THE SOLUTION OF THE S

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on March 17, 2015.

BARBARA K. CEGAVSKE Secretary of State

Electronic Certificate
Certificate Number: C20150317-2063
You may verify this electronic certificate
online at http://www.nvsos.gov/