

MIS000363

Florida Department of State
Division of Corporations
Submitting Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : NEAL SERVICES, LLC
Account Number : 120080000104
Phone : (302)674-4089
Fax Number : (302)674-5266

**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

Email Address: largali@hollandhart.com

STATE LARY DEPTATE
TALLAHASSEE FLORIDA

2015 MAY 12 AM 11:07

FILED

**Foreign Limited Liability Company
KAKUSHA MHC, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

15 MAY 12 AM 10:00
NEAL SERVICES

MAY 13 2015
Help BRUCE

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. KAKUSHA MHC, 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. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")

2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 3. (FEI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration. (See sections 605.0904 & 605.0905, F.S. to determine penalty liability))

5. 7749 Normandy Boulevard, #145 Jacksonville, FL 32221 (Street Address of Principal Office)

6. Same as above (Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: MHC Management Services LLC, Manager, 7749 Normandy Blvd., #145, Jacksonville, FL 32221

8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction 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 oath of the translator must be submitted.)

[Handwritten Signature]

Signature of an authorized person

(In accordance with section 605.0263, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true and untrue 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.)

Mark J. Sullivan

Typed or printed name of signee

FILED 2015 MAY 12 AM 11:07 SECRETARY OF STATE ALI AHASSEB FLORENDA

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.

1. The name of the Limited Liability Company is:

KAKUSHA MHC, LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

NRAI Services, Inc.

(Name)

1200 South Pine Island Road

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Plantation

FL

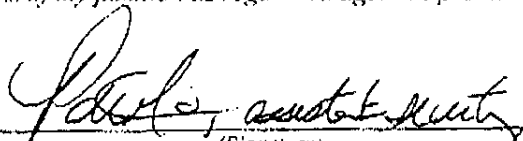
33324

City/State/Zip

2015 MAY 12 AM 11:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

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.


(Signature)

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

H15000115385 3

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KAKUSHA MHC, 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 MAY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KAKUSHA MHC, LLC" WAS FORMED ON THE ELEVENTH DAY OF MAY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.



Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State

AUTHENTICATION: 2368443

DATE: 05-12-15
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