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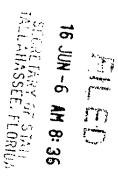
(Re	equestor's Name)	-			
(Ac	ddress)	<u></u>			
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(Ci	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	usiness Entity Nar	me)			
(Document Number)					
Certified Copies	Certificates	s of Status			
Special Instructions to	Filing Officer:				
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Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 20, 2016

MICHAEL HAGAN 9701 RUSSELL CIRCLE NORTH BROOKLYN PARK, MN 55444

SUBJECT: MJH PROPERTIES LLC Ref. Number: W16000029246

We have received your document for MJH PROPERTIES LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 416A00008156

COVER LETTER

		tion Section of Corporation	s				
SUBJEC	МЈН	Properties LL	С				
50500	···		Name of L	imited Liability (Company		
			eign Limited Liability Compa d to register the above refere				
Please ret	turn all co	orrespondence c	oncerning this matter to the f	ollowing:			
		Michael Hagan					
	-		Na	me of Person			
		MJH Properties	LLC				
Firm/Company							
9701 Russell Circle North							
Address							
		Brooklyn Park i	Minnesota 55444				
	•		City/Sta	ate and Zip Code			
	h	agan89@comca	st.net				
			E-mail address: (to be used	for future annual	report noti	fication)	
For further	er inform	ation concerning	this matter, please call:				
	Michael	Hagan		612 at (414-391	8	
-		Name of	f Contact Person	Area Code	Dayı	ime Telephone Number	
]]]	Division o Registrati P.O. Box	G ADDRESS: of Corporations on Section 6327 ee, FL 32314			Division of Registration Clifton Bu 2661 Exec	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	
		k for the followi 0 Filing Fee	ng amount: \$\square\$ \$130.00 \text{ Filing Fee & Certificate of Status}	□ \$155.00 Filin Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Cer of Status & Certified Copy	

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:

MIH Properties LLC	ISINESS IN THE STATE OF FLORIDA:					
1.	eign Limited Liability Company; must i	include "Limited Lir	ability Company," "L.L.C.," or	"LLC.")		_
MJH Vacation Properties						
Liability Company," "L.L.C,"	ternate name adopted for the purpose o ' or "LL.C.")	of transacting busine	ss in Florida. The alternate nar	ne must inc	lude "L	imited
2. Minnesota		3 90-0472976				
(Jurisdiction under the law company is organized)	of which foreign limited liability	J,	(FEI number, if applicable)		
4. 3/21/2016						
	(Date first transacted business (See sections 605.0904 & 605.09	in Florida, if prior to 005, F.S. to determin	o registration.) ne penalty liability)	-		
5						
102 East Broadway Av	re #307					
Everalades City Florida	(Street Address of Prin	ncipal Office)		_		
6. Everglades City Florida	134139			_		
				_		
	(Mailing Ad	dress)		·mud		
7. Name and street address	s of Florida registered agent: (P.O.	. Box NOT accep	table)	<u> </u>	5	
Name:	Mike Hagan		_	27	\equiv	· .,, p
Office Address:	102 East Broadway Ave		_	SSA	# C	n midseun Endersten
	Everglades City		, Florida	Œ.º.	=	
	(City)		(Zip code)		œ	C
designated in this applicate to complywith the provision	gistered agent and to accept service tion, I hereby accept the appointment ons of all statutes relative to the pro- my position as jegistered agant.	ent as registered of oper and complete	agent and agree to act in th	is càpacity	an <mark>tst</mark> at i v. I fui	rther agree
	(Registere	ed agent's signature				
8. The name, title or capa	city and address of the person(s) w	ho has/have autho	rity to manage is/are:			
Michael Hagan President						
9701 Russell Circle N Bro	ooklyn Park MN 55444		***			
	of existence, no more than 90 days of which it is organized. (If the cert abmitted)					
	Signature of	an authorized person		_		
	in accordance with section 605.020 the Department of State constitutes	03 (1) (b), Florida	Statutes. I am aware that an		ormatio	n

Typed or printed name of signee

Michael Hagan

Office of the Minnesota Secretary of State Certificate of Good Standing

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:

MJH Properties LLC

Date Filed:

04/01/2009

File Number:

3281003-5

Minnesota Statutes, Chapter:

322B

Home Jurisdiction:

Minnesota

This certificate has been issued on:

05/26/2016



Steve Pinn

Steve Simon

Secretary of State
State of Minnesota