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(Reque	estor ⁱ s Name)	
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PICK-UP	WAIT	MAIL
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Special Instructions to Filin	ng Officer:	
W16-70635	CUn	

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PILED 2016 OCT 27 PM 2: 21 SECRETARY OF STATE

K. SALY OCT 28 2016



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 17, 2016

GLADYS HERNANDEZ 7020 W 35TH AVE, UNIT 118 HIALEAH, FL 33018

SUBJECT: MAHI CAPITAL GROUP, LLC

Ref. Number: W16000070635



We have received your document for MAHI CAPITAL GROUP, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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 your document, along with 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.

Karen A Saly Regulatory Specialist II

Letter Number: 016A00022253

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: MAHI	Name of	Limited Liability	Company		
The enclosed "Application by For Existence, and check are submitte					
Please return all correspondence of	oncerning this matter to the	following:			
	GLADYS /	HERMAN	DEZ		
	N	ame of Person			
	F	irm/Company			
	7020 W.3	35 LL AVE	UN	IT 118	
	HIALEAH, City/S	FC 330/	8		
_SUKIR	E-mail address: (to be used				
For further information concerning		d for future annual	report not	ification)	
		at (_)	rtime Telephone Number	
Name o	f Contact Person	Area Code	Day	time Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton B 2661 Exe	CADDRESS: of Corporations ion Section uilding coutive Center Circle see, FL 32301	
Enclosed is a check for the follow \$125.00 Filing Fee	ing amount: ☐ \$130.00 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 RUSINESS IN THE STATE OF FLORIDA:

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 Liability Company," "L.L.C." or "L.L.C.")	"Limited
2. NEVADA (Jurisdiction under the law of which foreign limited liability company is organized) 3. (FEI number, if applicable)	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	-
5. 7020 W. 35 th AVE UNIT 118	7 =
HIALEAH, Fr. 33018 (Street Address of Principal Office) 6.	ED 27 PH 2:2
(Mailing Address)	22
7. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable) Name: <u>MIRIAM VILLA LONGA</u>	
Office Address: YOROW. 3544 AVE UNIT 118	
HIALEAH, FC 33018, Florida 33018 (City) (Zip code) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place of this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar wit the obligations of my position as registered agent.	to comply
(Registered agent's signature)	
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: CADYS HERNANDEZ MANAGER	
GLADYS HERNANDEZ MANAGER 4020 W. 35th AVE UNIT 118 HIALEAH, FL 33018	
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of recipiurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate of the translator must be submitted) Signature of an authorized person	
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information of the section 605.0203 (1) (c), Florida Statutes are section 605.0203 (1) (d), Florid	ation

submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

GLADAS /ZENANDEZ
Typed or printed name of signee

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, MAHI CAPITAL 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 September 22, 2016, and is in good standing in this state.

FAL OF THE STATE O

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on October 10, 2016.

BARBARA K. CEGAVSKE
Secretary of State

Electronic Certificate
Certificate Number: C20161010-1668
You may verify this electronic certificate
online at http://www.nvsos.gov/