TRANSMITTAL LETTER Department of State **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

MHHCC Corporation
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00

\$78.75

Filing Fee

Filing Fee

& Certificate of Status

□\$78.75

\$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: Sharon M. Bordon - Girvin
Name (Printed or typed)

307 West Park Ave, Suite 211
Address

Tallahassee FL 32301

(850) 681-8705 Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION OF MHHCC CORPORATION



ARTICLE I

NAME OF CORPORATION

The name of the corporation shall be MHHCC CORPORATION.

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 307 West Park Avenue, Suite 211, Tallahassee, Florida 32301.

ARTICLE III

SHARES

The initial number of shares that this corporation is authorized to have outstanding at any time is 1,000 shares of common stock, each share having the par value of One Dollar (\$1.00).

ARTICLE IV

REGISTERED AGENT

The street address of the initial registered agent of this corporation is 307 West Park Avenue, Suite 211, Tallahassee, Florida 32301, and the name of the corporate registered agent at that address is Sharon M. Gordon-Girvin.

ARTICLE V

INCORPORATOR

The name and street address of the person signing these Articles of Incorporation are: Sharon M. Gordon-Girvin, 307 West Park Avenue, Suite 211, Tallahassee, Florida 32301.

Signature/Incorporator

Registered Agent

Date

Having been named as registered agent and to accept service of process for the above stated corporation 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.

OI AUG 16 AH II: 43
SECRETARY OF STATE