## P170000 43033

(Re	questor's Name)		
(Address)			
(Ad	ldress)		
(Cit	:y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Do	ocument Number)		
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			

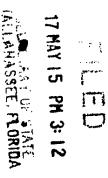
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## **COVER LETTER**

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: M	HSG Investments, Inc.		
O C D C T C	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an o	riginal and one (1) copy of the art	icles of incorporation and	d a check for:
\$70.00 Filing Fee		\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	OPY REQUIRED
FROM:	Mohammad Hajjar Name	e (Printed or typed)	
-		Address	
	Coral Gables, FL 33134		
-	City,	State & Zip	
	305-445-2399		
-	Daytime T	elephone number	
	mhajjar@mhajjar.com		
-	E-mail address: (to be use	d for future annual report	notification)

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

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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ARTICLE I NAM The name of the corpo	E ration shall be: MHSG Investments, Inc.	•	17 MAY 15 PM 3: 1
	NCIPAL OFFICE Principal street address		Mailing address, if differentiate, FLORIC
15 Valencia Ave			
Coral Gables, Florida	33134		
IRTICLE III PUR. The purpose for which	POSE  1 the corporation is organized is: Investm	nent property	
	<u>RES</u> of stock is:100 <sup>;</sup> <u>CAL OFFICERS AND/OR DIRECTORS</u> tle:_Mohammad Hajjar / President	_	<sub>.</sub> Susan Hajjar / Vice President
Address	45 Valencia Ave	Address:	45 Valencia Ave
	Coral Gables, Florida 33134		Coral Gables, Florida 33134
Name and Tit	le:	Name and Title	:
Address		Address:	
		<del></del>	
Name and Tit	le:	Name and Title	<u> </u>
Address	<b></b>	Address:	
	· · · · · · · · · · · · · · · · · · ·		

•	'		17 MAY 15 PH 3: 12
Name a	and Title:	Name and Title:	17 MAY 15 DM =
Addre	SS	Address:	TALLAHASSEE, FLORID
	REGISTERED AGENT Florida street address (P.O. Box NOT accept	able) of the registered agent is:	
Name:	Mohammad Hajjar		
Address:	45 Valencia Ave	· ······	
	Coral Gables, Florida 33134		
<u>ARTICLE VII</u>	INCORPORATOR		
The name and	address of the Incorporator is:		
Name:	Mohammad Hajjar	<del></del>	
Address:	45 Valencia Ave		
	Coral Gables, Florida 33134		
Effective date, (If an effective filing.)	I EFFECTIVE DATE: if other than the date of filing: date is listed, the date must be specific and	cannot be more than five days	prior or 90 days after the
	ate inserted in this block does not meet the app reffective date on the Department of State's re		its, this date will not be listed as
	amed as registered agent to accept service of plants and accept the appointmen		
	Required Signature/Registered Age	nt	Date
I submit this do	ocument and affirm that the facts stated here e Department of State constitutes a third degre	in are true. I am aware that the e felony as provided for in s.817.	false information submitted in a 155, F.S.
2-			5/12/17
Req	uired Signature/Incorporator/		Date