## P170000043035

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

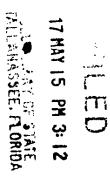
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## **COVER LETTER**

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

SUBJECT:	IHSG Development, Inc.				
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u> )		
Enclosed are an	original and one (1) copy of the art	icles of incorporation and	d a check for:		
■ \$70.0 Filing Fe		\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status  PY REQUIRED		
	M 1	<del>                                      </del>			
FROM:	Mohammad Hajjar Name (Printed or typed)				
	45 Valencia Ave				
	Address				
	Coral Gables, FL 33134				
	City, State & Zip				
	305-445-2399				
	Daytime Telephone number				
	mhajjar@mhajjar.com				
	E-mail address: (to be used 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)

ARTICLE I The name of the	NAME corporation shall be: MHSG Development, Inc.	£.	
ARTICLE II	PRINCIPAL OFFICE Principal street address		Mailing address, if different is:
45 Valencia Av	ve	<del>*************************************</del>	
Coral Gables, I	Florida 33134		
ARTICLE III The purpose for	PURPOSE r which the corporation is organized is:	ent property	
			ALL T
·			AY 15 P
			7 33 C
		······································	<u> </u>
ARTICLE V	SHARES shares of stock is: 100  INITIAL OFFICERS AND/OR DIRECTORS and Title: Mohammad Hajjar / President		, Susan Hajjar / Vice President
Addre	ss 45 Valencia Ave	Address:	45 Valencia Ave
	Coral Gables, Florida 33134		Coral Gables, Florida 33134
Name a	and Title:	Name and Title	:
Addre			
Name a	and Title:	Name and Title	» <u> </u>
Addre	ss	Address:	

			TLED
Name and Title:		Name and Title:	17 HAY 15 PM 2: 10
Address		Address:	11 3: 18
		<del></del>	TALLANASSEE, FLORIDA
ADTICI E VI	REGISTERED AGENT		-
	Florida street address (P.O. Box NOT acceptate	ole) of the registered agent is:	
Name:	Mohammad Hajjar		
Address:	45 Valencia Ave		
	Coral Gables, Florida 33134	<del></del>	
ARTICLE VII	<u>INCORPORATOR</u>		
The <u>name and</u>	address of the Incorporator is:		
Name:	Mohammad Hajjar		
Address:	45 Valencia Ave		
	Coral Gables, Florida 33134	<del></del>	
ARTICLE VIII	EFFECTIVE DATE:	(0.000.00)	
(If an effective filing.)	f other than the date of filing: date is listed, the date must be specific and c	cannot be more than five days	s prior or 90 days after the
	te inserted in this block does not meet the appli effective date on the Department of State's rec		ents, this date will not be listed as
	amed as registered agent to accept service of parties of parties appointment	as registered agent and agree to	
	Required Signature/Registered Agen		5/12/17
document to the	ocument and affirm that the facts stated hereing Department of State constitutes a third degree	n are true. I am aware that the	
Req	uired Signature/Incorporator		Date