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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : GRAYROBINSON, P.A. - ORLANDO
Account Number : I20010000078
Phone : (407)843-8880
Fax Number : (407)244-5690

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: maxwell.minch@gray-robinson.com

FLORIDA PROFIT/NON PROFIT CORPORATION

Mirror Image Education and Leadership, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	08
Estimated Charge	\$70.00

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DEC 16 2019

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COVER LETTER

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

SUBJECT: Mirror Image Education and Leadership, Inc.

(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
Filing Fee

\$78.75
Filing Fee &
Certificate of
Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Maxwell L. Minch
Name (Printed or typed)

720 SW 2nd Ave., Suite 106
Address

Gainesville, FL 32601
City, State & Zip

352-376-6400
Daytime Telephone number

maxwell.minch@gray-robinson.com
E-mail address: (to be used for future annual report notification)

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

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ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Mirror Image Education and Leadership, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address: <u>3960 NW 38th Place</u> <u>Gainesville, FL 32606</u>	Mailing address, if different is:
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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The purposes for which this Corporation is organized shall be limited to those which are strictly charitable.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Corporation's sole Director

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Greg Bradley, President</u> Address: <u>3960 NW 38th Place</u> <u>Gainesville, FL 32606</u>	Name and Title: _____ Address: _____
Name and Title: _____ Address: _____	Name and Title: _____ Address: _____
Name and Title: _____ Address: _____	Name and Title: _____ Address: _____

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Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: GrayRobinson, P.A.

Address: 720 SW 2nd Ave., Suite 106

Gainesville, FL 32601

1917
11:35

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: GrayRobinson, P.A.

Address: 720 SW 2nd Ave., Suite 106

Gainesville, FL 32601

ARTICLE VIII EFFECTIVE DATE: 12/12/2019

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Required Signature of Registered Agent 12/12/2019
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature of Incorporator 12/12/2019
Date

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