

P21000088084

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

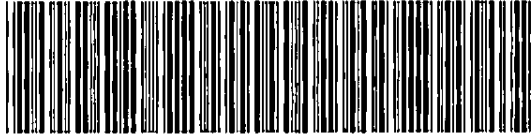
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FL
FBI

COVER LETTER

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

SUBJECT: MIRROR DESIGN CO.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 of Status

ADDITIONAL COPY REQUIRED

FROM: GARRETT K TOPHAM
Name (Printed or typed)

6036 DOGWOOD DR
Address

ORLANDO, FL 32807
City, State & Zip

321-324-5702
Daytime Telephone number

GKTOPHAM@ICLOUD.COM
E-mail address: (to be used for future annual report notification)

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

SECRETARY OF STATE
TALLAHASSEE, FL

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PM 3:10

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

ARTICLE I NAME

The name of the corporation shall be: MIRROR DESIGN CO.

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address	Mailing address, if different is:
<u>6036 DOGWOOD DR</u>	_____
<u>ORLANDO, FL 32807</u>	_____
_____	_____
_____	_____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LEGAL ACTIVITY.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>GARRETT K TOPHAM, CEO</u>	Name and Title: _____
Address: <u>6036 DOGWOOD DR</u>	Address: _____
<u>ORLANDO, FL 32807</u>	_____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
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SECRETARY & STATE
TALLAHASSEE, FL
FILED

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: GARRETT K TOPHAM
Address: 6036 DOGWOOD DR
ORLANDO, FL 32807

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: GARRETT K TOPHAM
Address: 6036 DOGWOOD DR
ORLANDO, FL 32807

ARTICLE VIII EFFECTIVE DATE:

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

GARRETT K TOPHAM _____ 09/27/2021
Required Signature/Registered Agent Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

GARRETT K TOPHAM _____ 09/27/2021
Required Signature/Incorporator Date

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TALLAHASSEE, FL
STATE DEPARTMENT OF REVENUE