# M0700000 4417

		·
(Re	questor's Name)	_
(Ad	dress)	
(Ad	dress)	
·	·	
	y/State/Zip/Phone	a #0
(Cit	y/State/Zip/Filoni	= #)
PICK-UP	☐ WAIT	MAIL
/D::	aineas Entity Nov	
(Ви	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
i		
Special Instructions to	Filing Officer:	
		$\mathcal{N}$
		1/1/2
		M

Office Use Only



100106472371

07/24/07--01008--006 \*\*130.00

SECRETARY OF STATE

JUL 24 AH 10:

#### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Mirror Image Consulting, LLC (Name of Limited Liability Company)
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the following:
Please return all correspondence concerning this matter to the following:  Grag Bradley  (Name of Person)  Mirror Image (onsulting, UC)  The state of the following:
Mirror Image Consulting, UC 37 5 (Firm/Company)
6215 NW 56th LM (Address)
Gainesville, FC 32653 (City/State and Zip Code)
For further information concerning this matter, please call:
Greg Bradley at (678) 612-7229  (Name of Person) (Area Code & Daytime Telephone Number)
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:  \$\Begin{align*}\text{S125.00 Filing Fee} & \text{S130.00 Filing Fee} & \text{S155.00 Filing Fee} & \text{S160.00 Filing Fee}, Certificate \\ \text{Certificate of Status} & \text{Certified Copy} & \text{of Status & Certified Copy} \$\text{Certified Copy} & \text{OFF STATUS & CERTIFIED COPY} \$\text{OFF STATUS & CERTIFIED COPY} & \text{OFF STATUS & CERTIFIED COPY} \$\text{OFF STATUS & CERTIFIED COPY} & \text{OFF STATUS & CERTIFIED COPY} \$\text{OFF STATUS & CERTIFIED COPY} & \text{OFF STATUS & CERTIFIED COPY} \$\text{OFF STATUS & CERTIFIED COPY} & \text{OFF STATUS & CERTIFIED COPY} \$\text{OFF STATUS & CERTIFIED COPY} & \text{OFF STATUS & CERTIFIED COPY} \$\text{OFF STATUS & CERTIFIED COPY} & \text{OFF STATUS & CERTIFIED COPY} \$\text{OFF STATUS & CERTIFIED COPY} & \text{OFF STATUS & CERTIFIED COPY} \$\text{OFF STATUS & CERTIFIED COPY} & \text{OFF STATUS & CERTIFIED COPY} \$\text{OFF STATUS & CERTIFIED COPY} & \text{OFF STATUS & CERTIFIED COPY} \$\text{OFF STATUS & CERTIFIED COPY} & \text{OFF STATUS & CERTIFIED COPY} \$\text{OFF STATUS & CERTIFIED COPY} & \text{OFF STATUS & CERTIFIED COPY} \$\text{OFF STATUS & CERTIFIED COPY} & \text{OFF STATUS & CERTIFIED COPY} \$\text{OFF STATUS & CERTIFIED COPY} & \text{OFF STATUS & CERTIFIED COPY} \$\text{OFF STATUS & CERTIFIED COPY} & \text{OFF STATUS & CERTIFIED COPY} \$\text{OFF STATUS & CERTIFIED COPY} & \text{OFF STATUS & CERTIFIED COPY} \$\text{OFF STATUS & CERTIFIED COPY} & \text{OFF STATUS & CERTIFIED COPY} \$\text{OFF STATUS & CERTIFIED COPY} & \text{OFF STATUS & CERTIFIED COPY} \$\text{OFF STATUS & CERTIFIED COPY} & \text{OFF STATUS & CERTIFIED COPY} \$\text{OFF STATUS & CERTIFIED COPY} & \text{OFF STATUS & CERTIFIED COPY} \$\text{OFF STATUS & CERTIFIED COPY} & \text{OFF STATUS & CERTIFIED COPY} \$\text{OFF STATUS & CERTIFIED COPY} & \text{OFF STATUS & CERTIFIED COPY} \$\text{OFF STATUS & CERTIFIED COPY} & \text{OFF STATUS & CERTIFIED COPY} \$\text{OFF STATUS & CERTIFIED COPY} & \text{OFF STATUS & CERTIFIED COPY} \$OFF STATUS & CERTIFIED

## . APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. Mirror Image Consulting, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")
2. (720 ra la 2) (Jurisdiction under the law of which foreign limited liability company is organized)  3. 020768924 (FEI number, if applicable)
4. 2/23/06 (Date of Organization)  5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
6. N/A not prior to ragistration.  (Date first transacted business in Florida, if prior to registration.)  (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 425 Vinings Vinlage Cil The Mabteton, GA 30126  (Street Address of Principal Office)  8. If limited liability company is a manager-managed company, check here V
8. If limited liability company is a manager-managed company, check here
9. The name and usual business addresses of the managing members or managers are as follows:  [prag Bradley - 6215 NW Sb H Ln Gainesville, FL 3265]
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: Business +
Signature of a member or an authorized representative of a member.  (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Typed or printed name of signee

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:	
Mirror Image Consulting, LLC	
If name unavailable, the alternate name to be used in the state of Florida is:	
2. The name and the Florida street address of the registered agent and office are:	O7 JUL
Greg Bradley (Name)  6215 NW 56th Ln	24 ANIO:49
Florida Street Address (P.O. Box NOT ACCEPTABLE)	STATE ORIDA
Gainesville FL 32653 City/State/Zip	

Having been named as registered agent and to accept service of process for the above stated limited liability company 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 as provided for in Chapter 608, Florida Statutes.

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Control No. 0629355

## STATE OF GEORGIA

### Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

## CERTIFICATE OF EXISTENCE

I, Karen C Handel, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

#### MIRROR IMAGE CONSULTING, LLC

#### **Domestic Limited Liability Company**

was formed or was authorized to transact business on 02/23/2006 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 16th day of July, 2007

Karen C Handel Secretary of State

Haren C. Handel

Certification Number: 1527448-1 Reference:

Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp