

To: Attn: [redacted]
Subject: 00345.12644
Division: Corporations

From: Kim Weidenbach

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P10000048163

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450C00714
Phone : (850) 222-1173
Fax Number : (850) 224-1640

P10000048163

000345.126444.1

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

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
NC LOOKING GLASS MANAGER, INC.**

Certificate of Status	0
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Estimated Charge	\$78.75

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To: Attn: Diane
Subject: 000345.126444

From: Kim Weidenbach

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*  The Florida Dept....	+1 (850) 671-6381	000345.126444.1	OK	* 06/04/2010 03:19:52
 The Florida Dept....	+1 (850) 617-6380	000345.126368	OK	06/04/2010 02:34:27
 The Florida Dept....	+1 (850) 617-6381	000409.126395	OK	06/03/2010 04:13:01
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 The Florida Dept....	+1 (850) 617-6383	000150.126308	OK	06/02/2010 04:58:54
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 The Florida Dept....	+1 (850) 617-6381	002085.125556	OK	05/26/2010 04:42:53
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 The Florida Dept....	+1 (850) 617-6381	000173.124882	OK	05/10/2010 04:58:50
 The Florida Dept....	+1 (850) 617-6381	ABANDON	OK	05/10/2010 03:35:47
 Thelma	+1 (850) 617-6380	000150.124824	OK	05/10/2010 03:16:07

To: Attn: Diane
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ARTICLES OF INCORPORATION

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

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ARTICLE I NAME

The name of the corporation shall be:

NC Looking Glass Manager, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

7450 Dr. Phillips Rd., Suite 304, Orlando, FL 32819

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Nancy Cass
7450 Dr. Phillips Rd.
Suite 304
Orlando, FL 32819
President

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

NRAI Services, Inc.
2731 Executive Park Drive, Suite 4
Weston, FL 33331

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Mary Ford, Incorporator
111 E. Wacker Dr., Suite 2800
Chicago, IL 60601

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
NRAI Services, Inc.

by:

Paul G. Lutz, Pres. Sec.
Signature/Registered Agent

6-4-10
Date

Mary Ford
Signature/Incorporator

June 4, 2010
Date

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA