

P13000079847

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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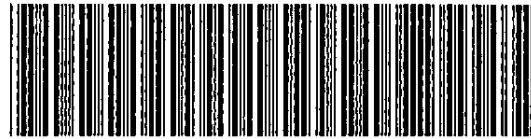
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/25/13--01022 -009 **78.75

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 SEP 25 AM 11:50

Ps 9/27/13

COVER LETTER

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

SUBJECT: REFLECTION REDUCTION INC
(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: DAVID HOGGUND
Name (Printed or typed)

426 ISLAND CAY WAY
Address

APOLLO BEACH, FL 33572
City, State & Zip

813 398 4186
Daytime Telephone number

dhoggundfl@yahoo.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 NAME

The name of the corporation shall be: REFLECTION REDUCTION INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

426 ISLAND CAY WAY
APOLLO BEACH, FL 33572

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

APPLICATION OF ANTI REFLECTIVE COATING TO
OPTICAL LENSES

ARTICLE IV SHARES

The number of shares of stock is: 2000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DAVID HOGGLUND, DIRECTOR Name and Title: _____

Address 426 ISLAND CAY WAY Address: _____
APOLLO BEACH, FL
33572

Name and Title: MIKE HASKINS, DIRECTOR Name and Title: _____

Address 6639 Dolphin Cove Dr Address: _____
APOLLO BEACH, FL
33572

Name and Title: JOHN HASKINS, DIRECTOR Name and Title: _____

Address 716 APOLLO BEACH BLVD Address: _____
APOLLO BEACH, FL
33572

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(conti.)

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: DAVID HOGGUND

Address: 426 ISLAND CAY WAY
APOLLO BEACH, FL 33572

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DAVID HOGGUND

Address: 426 ISLAND CAY WAY
APOLLO BEACH, FL 33572

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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

David Hoggund

Required Signature/Registered Agent

9-17-2013

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.

David Hoggund

Required Signature/Incorporator

9-17-2013

Date