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\_\_\_\_\_  
(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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DIVISION OF CORPORATE AFFAIRS  
AUG 11 PM 3:04

## COVER LETTER

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

SUBJECT: Trinity Glass and Mirror 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: Linda A Langheld  
Name (Printed or typed)

3409 Player Dr.  
Address

New Port Richey, FL 34655  
City, State & Zip

(813) 951-1532  
Daytime Telephone number

Lindalangheldtgm@gmail.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: Trinity Glass and Mirror, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

7340 Congress St.  
New Port Richey, FL  
34653

3409 Player Dr.  
New Port Richey, FL  
34655

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to engage in all lawful  
business providing sale, installation and  
service of residential glass and mirror  
products. Business will be conducted as  
retail AND OR through general contractors.

**ARTICLE IV SHARES**

The number of shares of stock is: 10,000,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Linda A Langheld

Name and Title: Jeffrey P Langheld

Address: Director

Address: President

3409 Player Dr.

3409 Player Dr

New Port Richey, FL 34655

New Port Richey, FL 34655

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

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DIVISION OF CORPORATIONS  
AUG 11 PM 3:04

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: Linda A Langheld  
Address: 3409 Player Dr  
New Port Richey, FL 34655

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Linda A Langheld  
Address: 3409 Player Dr  
New Port Richey, FL 34655

*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*

Linda A. Langheld  
Required Signature/Registered Agent

August 5, 2014  
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.*

Linda A. Langheld  
Required Signature/Incorporator

August 5, 2014  
Date

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DIVISION OF CORPORATIONS  
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Address: Director

Address: President

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New Port Richey, FL 34655

3409 Player Dr  
New Port Richey, FL 34655

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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DIVISION OF CORPORATIONS  
AUG 11 PM 3:04

(cont.)

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

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Linda A. Langheld

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