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COVER LETTER

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

SUBJECT:	Trinity Gla	ass and V	Mirror -
	(PROPOSED CORPORA	FE NAME – <u>MUST INCL</u> I	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	d a check for:
\$70.00 Filing Fce	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM:	Linda A Langi	(Printed or typed)	
-	3409 Player		
	New Port Rich City, 5 (813) 951-1532		<u>34655</u>
***********	Linda langheldt E-mail address: (to be used	gm @ G ma	il. com

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

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

The name of the corpo	ration shall be: Trinity GI	ass and M	lirror Inc.
	Principal of street address		ing address, if different is:
7340 C	ongress St.		a Player Dr.
_	rt Richey, FL		Port Richey, FL
34653	/		655
ADMIGI D VI	nnoge.		
The purpose for which	the corporation is organized is:	engage in	all lawful
business	providing sal	e, installi	ation and
service	of residential	glass av	id mirror
product	ts. Business w	ill be con	ducted as
	AND OR through		
	9		
The number of shares of sh	IARES of stock is: 10,000,000 ITTIAL OFFICERS AND/OR DIRECT tic: Linda A Langheld		-ffirey P hanghelol
Address	Director		President
Addiças	3409 Player Dr.		og Playor Dr
			,
	New Abrt Richey, FL 341		wPort Richey, FL 34655
Name and Titi	le:	Name and Title:	
Address		Address:	
			A COMM
Name and Titl	e:	Name and Title:	
Address		Address:	(A) (M v. 2)
			<u>و</u> ا
			\bar{\bar{\bar{\bar{\bar{\bar{\bar{

Name and	f Title:	Name and Title:	
Address		Address:	
	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) or	-	
Name: Address:	Linda A Langheld 3409 Player Dr New Port Richey, FL 34	- - 4655	
ARTICLE VII			
The <u>name and ad</u> Name: Address:	Linda A Langheld 3409 Player Dr New Port Richey, FL	- _346 <i>5</i> 5	
this certificate, I d	ned as registered agent to accept service of process am familiar with and accept the appointment as reg Land Required Signature/Registered Agent ument and affirm that the facts stated herein are Department of State constitutes a third degree felon	gistered agent and agree to act i	n this capacity August 5, 20/4 Date Information submitted in a
Lida	Required Signature/Incorporator		August 5, 2014

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

The name of the corpor	ation shall be: Trinity Glo	iss and	Mirr	or, Inc.
	INCIPAL OFFICE Principal street address			ess, if different is:
7340 C	ongress St.		_	Player Dr.
	rt Richey, FL		_	Richey, FL
3465.3			346 <i>55</i>	, ,
	RPOSE	04644		1 10. A.1
The purpose for which	the corporation is organized is:	engage	In all	i cawrai
	of residential			
Service	s. Business wi	grass	ana	eted as
produci	AND OR through	aquenal	CALC	tractors
retail	TIND OR INVOUGH	general	COVI	ITACIOIS.
 				
	**** **** * * * * * * * * * * * * * *			
ARTICLE IV SH	ARES			
	f stock is: 10,000,000			
ARTICLE V INI	TIAL OFFICERS AND/OR DIRECTO	<u>RS</u>	;	
Name and Title	c:Linda A Langheld	_ Name and Title	Jeffrey	P hangheld
Address		_ Address:	Pre	sident
f	3409 Player Dr.		3409 f	Player Dr
	New Port Richey, FL 346	5 <i>5</i>	_	- Richey FL 34655
M I This	•	- 1		, .
	×		•	
Address		Address:	· ,	· · · · · · · · · · · · · · · · · · ·
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		_		G SK
Name and Title	*	_ Name and Title	· ·	
Address	WANTED TO THE TOTAL THE TOTAL TO THE TOTAL TOTAL TO THE T	Address:		P
		_		2
				ę s

Name and	f Title:	Name and Title:		
Address		Address:		
ARTICLE VI The <u>name and Fl</u> e	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) or	f the registered agent is;		
Name:	Linda A Langheld 3409 Player Dr	-	VISIA AUG	,,,
Address:	New Port Richey, FL 34	- <u>1</u> 655	TOTAL PH	;
ARTICLE VII	INCORPORATOR		3: 01	
The <u>name and ad</u>	dress of the Incorporator is:		er	
Name:	Linda A Langheld	-		
Address:	3409 Player Dr	_		
	Linda A Langheld 3409 Player Dr New Port Richey, FL	34655		
Having been nam his certificate, I a	ed as registered agent to accept service of process m familiar with and accept the appointment as reg	for the above stated corporation at the place sistered agent and agree to act in this capacity	e designated in _y	
Sim	A. Langheld Required Signature/Registered Agent	<u>Augus</u>	£ 5,201	4
submit this docu locument to the D	ment and affirm that the facts stated herein are epartment of State constitutes a third degree felon	true. I am aware that the false information , y as provided for in s.817.155, F.S.	submitted in a	
Leide	Required Signature/Incorporator	augus	£ 5, 2019	4
	-	•		