P17000050826

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

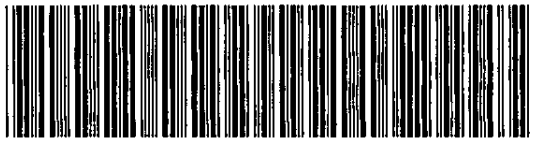
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/12/17--01009--016 **78.75

FILED
17 MAY 12 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06/12/17

COVER LETTER

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

SUBJECT: Looking Glass Consulting, 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: Mark Jason
Name (Printed or typed)

9172 Mercato Ln
Address

Naples, FL 34108
City, State & Zip

(847) 420-8655
Daytime Telephone number

mark@looking-glassconsulting.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: Looking Glass Consulting, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address	Mailing address, if different is:
9172 Mercato Ln	
Naples, FL 34108	

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: The transaction of any or all lawful purposes for which corporations may be incorporated under the Florida Business Corporations Act including but not limited to the provision of Management Consulting Services.

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES
The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mark Jason President	Name and Title:
Address 9172 Mercato Ln	Address:
Naples, FL 34108	
Name and Title:	Name and Title:
Address	Address:
Name and Title:	Name and Title:
Address	Address:

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: Mark Jason

Address: 9172 Mercato Ln
Naples, FL 34108

17 MAY 12 AM 10:58

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Mark Jason

Address: 9172 Mercato Ln
Naples, FL 34108

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

Mark N. Jason
Required Signature/Registered Agent

June 6, 2017
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.

Mark N. Jason
Required Signature/Incorporator

June 6, 2017
Date