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(Requestor's Name)

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(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

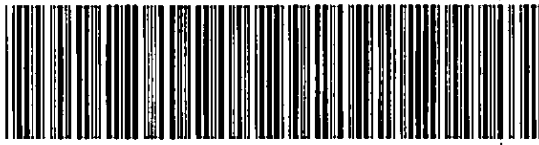
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2021 JUN 04 AM 11:42

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: TRIUMPH GLOBAL SOLUTIONS LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DR. LISA PARKINSON  
Name of Person  
TRIUMPH GLOBAL SOLUTIONS LLC  
Firm/Company  
5613 GLEN LAKE LANE  
Address  
ORLANDO, FLORIDA 32808  
City/State and Zip Code  
holy.matters@yahoo.com  
E-mail address: (to be used for future annual report notification)

ARTICLES

For further information concerning this matter, please call:

DR. LISA PARKINSON 407 914-3676  
Name of Person at (Area Code) Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TRIUMPH GLOBAL SOLUTIONS LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "L.C.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

5613 GLEN LAKE LANE  
ORLANDO, FLORIDA 32808

5613 GLEN LAKE LANE  
ORLANDO, FLORIDA 32808

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

FABIAN G. PARKINSON

Name

5613 GLEN LAKE LANE

Florida street address (P.O. Box NOT acceptable)

ORLANDO, FLORIDA 3

City

State

Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

2008-11-11 11:42

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

**Name and Address:**

"AMBR" – Authorized Member

"MGR" = Manager

MGR- MANAGER

DR. LISA PARKINSON  
5613 GLEN LAKE LANE  
ORLANDO, FLORIDA 32808

\_\_\_\_\_

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 2/22/2021. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

THE CORPORATION SHALL ENGAGE IN ANY ACTIVITY OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES AND THE STATES IT OPERATE IN.

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

Dr. Lisa Parkinson  
\_\_\_\_\_  
Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

**Articles of Incorporation  
FOR  
TRIUMPH GLOBAL SOLUTIONS LLC**

The undersigned incorporator for the purpose of forming a Florida LLC corporation, hereby adopts the following Articles of Incorporation:

**Article I**

**The name of the corporation is:**  
TRIUMPH GLOBAL SOLUTIONS LLC

**Article II**

**The principal place of business address:**  
5613 GLEN LAKE LANE  
ORLANDO, FLORIDA 32808

**The mailing address of the corporation is:**  
5613 GLEN LAKE LANE  
ORLANDO, FLORIDA 32808

**Article III**

**The purpose for which this corporation is organized:**  
THE CORPORATION SHALL ENGAGE IN ANY ACTIVITY OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES AND THE STATES IT ORPERATE IN.

**Article IV**

**The powers of the corporation:**  
THE CORPORATION SHALL HAVE THE SAME POWERS AS AN INDIVIDUAL TO DO ALL THINGS NECESSARY OR CONVENIENT TO CARRY OUT ITS BUSSINESS AND AFFAIRS, SUBJECT TO AND LIMITATIONS TO RESTRICTIONS IMPOSED BY APPLICABLE LAW OR THESE ARTICLES OF INCORPORATION.

**Article V**

**The name and street address of the registered agent is:**  
I certify that I am familiar with and accept the responsibilities of registered agent.  
FABIAN PARKINSON  
5613 GLEN LAKE LANE  
ORLANDO, FLORIDA 32808

**Registered Agent Signature:** 

2011-01-11 11:42

## Article VI

**The name and street address of the incorporator is:**

DR. LISA PARKINSON  
5613 GLEN LAKE LANE  
ORLANDO, FLORIDA 32808

**Signature of Incorporator:**



I am the incorporator submitting these Articles of Incorporation and affirm that the facts stated herein are true. I am aware that 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. I understand the requirements to file an annual report between January 1<sup>st</sup> and May 1<sup>st</sup> in the calendar year following formation of this corporation and every year thereafter to maintain "active" status.

## Article VII

**The initial officer (s) and / or director (s) of the corporation is/are:**

MANAGER:  
DR, LISA PARKINSON

## Article VIII

**Amendment:**

THE CORPORATION RESERVES THE RIGHTS TO AMEND, ALTER, CHANGE OR REPEAL ANY PROVISION CONTAINED IN THESE ARTICLES OF INCORPORATION, OR IN ANY AMENDMENT HERETO, OR TO ADD ANY PROVISION TO THESE ARTICLES OF INCORPORATION OR TO ANY AMENDMENT HERETO, IN ANY MANNER NOW OR HEREAFTER PRESCRIBED OR PERMITTED BY PROVISION OF ANY APPLICABLE STATUTE OF THE STATE OF FLORIDA, AND ALL RIGHTS CONFERRRED UPON THE PRESIDENT OR VICE PRESIDENT IN THESE ARTICLEL OF INCORPORATION OR ANY AMENDMENT HERETO ARE GRANTED SUBJECT TO THIS RESERVATION.

## Article IX

**The effective date for this corporation shall be:**

2/22/2021

Date of this notice: 02-22-2021

Employer Identification Number:  
86-2186405

Form: SS-4

Number of this notice: CP 575 G

TRIUMPH GLOBAL SOLUTIONS LLC  
DR LISA J PARKINSON SOLE MBR  
5613 GLEN LAKE LANE  
ORLANDO, FL 32808

For assistance you may call us at:  
1-800-829-4933

IF YOU WRITE, ATTACH THE  
STUB AT THE END OF THIS NOTICE.

**WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER**

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 86-2186405. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at [www.irs.gov](http://www.irs.gov). If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

**IMPORTANT REMINDERS:**

- \* Keep a copy of this notice in your permanent records. **This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you.** You may give a copy of this document to anyone asking for proof of your EIN.
- \* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- \* Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is TRIU. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.