

N16000000557

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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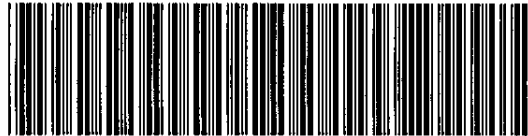
(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

EFFECTIVE DATE 01/11/16

01/21/16

COVER LETTER

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

SUBJECT: Lester's Trinity Foundation Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM: Lester Trinity Foundation Inc..
Name (Printed or typed)

26725 SW 134 ave
Address

Naranja, FL 33032
City, State & Zip

(305) 987-2799
Daytime Telephone number

* Lesters-trinity-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 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Lester Trinity Foundation Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

26725 SW 134 ave
Naranja, FL 33032

Mailing address, if different is:

26725 SW 134 ave
Naranja, FL 33032

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Lester's Trinity Foundation Inc.

Purpose is to be that organization that use the Bible
principles of clothing, shelter and feed the homeless. We also
provide services for our needing kids as we give bedding and
supplies

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: The

President will elect individuals knowledgeable of the

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: C.E.O Name and Title: _____

Address: David Lester Address: _____

15170 SW 49th

Miramar, FL 33027

Name and Title: President Name and Title: _____

Address: Shenell Juiles Address: _____

15170 SW 49th

Miramar, FL 33027

Name and Title: Executive Director Name and Title: _____

Address: Shannen Welch Address: _____

918 SW 1st

Florida, City, FL 33034

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

Name and Title: Director Name and Title: _____

Address: Pamela Lester Mann Address: _____
2817 46th W _____
Lehigh, Acres, FL 33971 _____

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 Lester
Address: 15170 SW 49th
Miramar, FL 33027

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: David Lester
Address: 15170 SW 49th
Miramar, FL 33027

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: Jan, 11, 2016 (OPTIONAL)

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

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 L Lester

Required Signature of Registered Agent

1-5-16

Date

I submit this document and affirm that the facts stated herein are true. 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.

David L Lester

Required Signature of Incorporator

1-5-16

Date

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