P14000009959

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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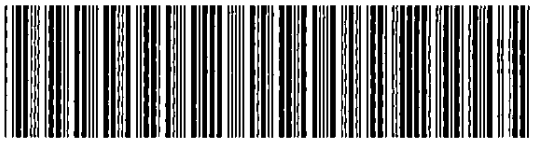

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2014 FEB -4 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

14 FEB -4 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: TRINITY CLEANING OF TALLAHASSEE 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: Howard D'Olive Roberts
Name (Printed or typed)

2217 Atapha Neve
Address

Tallahassee Fl 32301
City, State & Zip

850-877-1560
Daytime Telephone number

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: TRININITY CLEANING OF TALLAHASSEE INC

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

2217 ATAPHA NENE
TALLAHASSEE FL 32301

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Do general house cleaning. Residential general cleaning in the rooms.

ARTICLE IV SHARES
The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: HOWARD ROBERTS - PRES
Address 2217 ATAPHA NENE
TALLAHASSEE FL 32301

Name and Title:
Address:

Name and Title:
Address

Name and Title:
Address:

Name and Title:
Address

Name and Title:
Address:

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APPROVED AND FILED
STATE OF FLORIDA

(conti.)

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: HOWARD ROBERTS

Address: 2217 ATAPHA NENE

TALLAHASSEE FL 32301

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

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

Name: HOWARD ROBERTS

Address: 2217 ATAPHA NENE

TALLAHASSEE FL 32301

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

Howard Roberts
Required Signature/Registered Agent

01/31/2014
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.

Howard Roberts
Required Signature/Incorporator

01/31/2014
Date