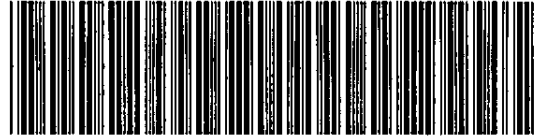


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(Requestor's Name)

(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

N. SAMS
APR 10 2018

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 28, 2018

RUTHENIA MOSES
P.O. BOX 120091
CLERMONT, FL 34712

SUBJECT: TRINITY INDEPENDENT LIVING CARE, CORP.
Ref. Number: W18000030061

We have received your document for TRINITY INDEPENDENT LIVING CARE, CORP. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Nadira D McClees-Sams
Regulatory Specialist II

Letter Number: 718A00006280

RECEIVED

2018 APR -9 PM 12:43

FLORIDA DEPARTMENT OF STATE
BUREAU OF COMMERCIAL
INFORMATION SERVICES

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18 APR -5 PM 3:22
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

*Enclosed
are the
corrected
documents.
Thank you
Ramos*

COVER LETTER

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

SUBJECT: Trinity Independent Living Care Corp
(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: Ruthenia Moses
Name (Printed or typed)
P.O. Box 120091
Address
CLERMONT, FL 34712
City, State & Zip
(352) 408-8273
Daytime Telephone number
Rutheniamose@aol.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
OF
TRINITY INDEPENDENT LIVING CARE, CORP.**

THE UNDERSIGNED, acting as sole incorporator Trinity Independent Living Care under chapter 607 Of the Florida Statutes, hereby adopts the following Articles of Incorporation for such Corporation:

ARTICLE I

Name

The name of the corporation shall be Trinity Independent Living Care, Corp.

ARTICLE II

Principal Office

The address of the Principal Office of the corporation is 7344 Country Run Parkway- Orlando, Fl. 32818. The location of the Principal Office shall be subject to change as may be provided in bylaws duly adopted by the corporation.

ARTICLE III

Purpose

The purpose for which the Corporation is organized and operated is to provide 24 hour care and housing for men and women in need of care. This Corporation will operate for the sole purpose of carrying on a Trade or Business for profit.

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TALLAHASSEE, FLORIDA

ARTICLE IV

Shares

The number of shares which the corporation shall have authority to issue is (10,000). Consisting of a single class of common stock, One Cent (\$0.01) par-value per share,

ARTICLE V

Names and Address of Director and Officers

**President-Yvronie Justin
7344 Country Run Parkway
Orlando, Fl. 32818**

**Vice President – Karlson Justin
7344 Country Run Parkway
Orlando, Fl. 32818**

**Secretary-Janie Domond
7344 Country Run Parkway
Orlando, Fl. 32818**

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TALLAHASSEE, FLORIDA

ARTICLE VI

Mailing Address

The mailing address of the Corporation will be 7344 Country Run Parkway Orlando, Fl. 32818.

ARTICLE VII

Initial Board of Directors

The number of Directors constituting the initial Board of Directors of the corporation is two. The number of Directors may be increased or decreased from time to time, but in no event shall the number of Directors be less than one (1). The person who is to serve as initial Director until the first annual meeting of the shareholders of the corporation or until such successor Directors are elected and shall qualify is Yronie Justin.

ARTICLE VIII

Initial Registered Agent and Address

The name and address of the registered agent shall be as follows:
Yvronie Justin 7344 Country Run Parkway- Orlando, FL.32818

(I hereby am familiar with and accept the duties and responsibilities as registered agent for said Corporation/Limited Liability Company.)



Signature/Registered Agent

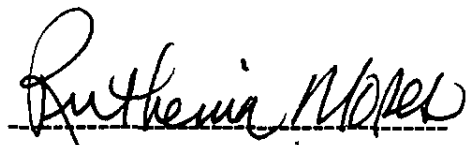
Yvronie Justin

Print Name/ Date 4/11/18

ARTICLE XI

Name and Address of Incorporator

The name and address of the Incorporator is Ruthenia Moses, P. O. Box
120091- Clermont, Fl. 34712



Signature /Incorporator

Ruthenia Moses

Print Name/Date 4/11/18