

# F0700002929

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H07000150134 3)))



H070001501343ABCV

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations

Fax Number : (850) 205-0381

From:

Account Name : FLORIDA FILING & SEARCH SERVICES

Account Number : I20000000189

Phone : (850) 216-0457

Fax Number : (850) 216-0460

2007 JUN -5 PM 12:46  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## FOREIGN PROFIT/NONPROFIT CORPORATION

Trinity Consulting, Inc.

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 03      |
| Estimated Charge      | \$78.75 |

Electronic Filing Menu

Corporate Filing Menu

Help

H 0 7 0 0 0 1 5 0 1 3 4

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Trinity Consulting, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Trinity Benefits Consulting, Inc.  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. North Carolina 3. 58-2248184  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. March 30, 2001 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1001 Morehead Square Drive Suite 402 Charlotte NC 28203  
(Principal office address)

1001 Morehead Square Drive Suite 402 Charlotte NC 28203  
(Current mailing address)

8. Provision of Insurance  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box. NOT acceptable)

Name: Capitol Corporate Services, Inc.

Office Address: 155 Office Plaza Dr., Suite A

Tallahassee, Florida 32301  
(City) (Zip code)

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Gayle Wundt, asst sec.  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

2007 JUN -5 PM 12:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

H 0 7 0 0 0 1 5 0 1 3 4

H 0 7 0 0 0 1 5 0 1 3 4

## 12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_Director: Alan H. WiseAddress: 1001 Morehead Square Suite 402Charlotte NC 28203Director: Tamara H. WiseAddress: 1001 Morehead Square Suite 402Charlotte NC 28203**B. OFFICERS**President: Alan H. WiseAddress: 1001 Morehead Square Suite 402Charlotte NC 28203Vice President: Harry Floyd, Hal Gulce, Charles WimmerAddress: 1001 Morehead Square Suite 402Charlotte NC 28203

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.13. \_\_\_\_\_  
(Signature of Director or Officer listed in number 12 of the application)14. Alan H. Wise President  
(Typed or printed name and capacity of person signing application)

H 0 7 0 0 0 1 5 0 1 3 4



## NORTH CAROLINA

### Department of The Secretary of State

#### CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

#### TRINITY CONSULTING, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 30th day of March, 2001, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 14th day of May, 2007.

*Elaine F. Marshall*

Secretary of State