

F08000005372

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

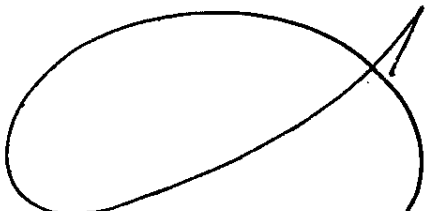
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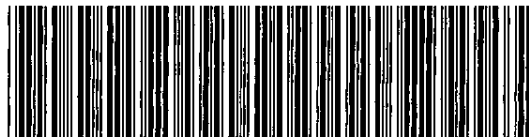
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08 DEC 19 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: TRINITY PRODUCTS INCORPORATED

(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

LAURENCE W. GOLD

(Name of Person)

GOLD & DELIA, CERTIFIED PUBLIC ACCOUNTANTS, LLC

(Firm/Company)

180 TICES LANE, SUITE 104

(Address)

EAST BRUNSWICK, NJ 08816

(City/State and Zip code)

For further information concerning this matter, please call:

LAURENCE W. GOLD

(Name of Person)

at (732) 296-1200

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 9, 2008

LAURENCE W. GOLD
GOLD & DELIA, CPA, LLC
180 TICES LANE, SUITE 104
EAST BRUNSWICK, NJ 08816

SUBJECT: TRINITY PRODUCTS INCORPORATED
Ref. Number: W08000054719

RECEIVED
DEPARTMENT OF STATE
08 DEC 19 AM 11:56

We have received your document for TRINITY PRODUCTS INCORPORATED and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is F08000003096 - TRINITY PRODUCTS, INC..

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) 245-6934.

Loria Poole
Regulatory Specialist II

Letter Number: 608A00059753

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**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 PRODUCTS INCORPORATED

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

TRINITY PRODUCTS INCORPORATED - SOUTH

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. TRINITY PRODUCTS INCORPORATED-FLORIDA 3. 22-2470499

(State or country under the law of which it is incorporated)

(FEI number, if applicable)

4. 9/2/1983

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. 8/1/2008

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 47 COLONIAL DRIVE, PISCATAWAY, NJ 08854

(Principal office address)

47 COLONIAL DRIVE, PISCATAWAY, NJ 08854

(Current mailing address)

8. WHOLESALE/DISTRIBUTION OF HOBBY PRODUCTS

(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: ERNEST N. PROVETTI

Office Address: 4037 BERMUDA GROVE PLACE

LONGWOOD

(City)

, Florida 32779

(Zip code)

08 DEC 19 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

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.

ERNEST N. PROVETTI
(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.

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

A. DIRECTORS

Chairman: ERNEST N. PROVETTI

Address: 4037 BERMUDA GROVE PLACE, LONGWOOD, FL 32779
(Chief Executive Officer)

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: ANTHONY R. PRZYBYLOWICZ

Address: CHESTNUT STREET, MIDDLESEX, NJ 08846

Vice President: _____

Address: _____

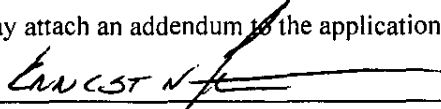
Secretary: ERNEST N. PROVETTI

Address: 4037 BERMUDA GROVE PLACE, LONGWOOD, FL 32779

Treasurer: ERNEST N. PROVETTI

Address: 4037 BERMUDA GROVE PLACE, LONGWOOD, FL 32779

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. ERNEST N. PROVETTI, Chief Executive Officer
(Typed or printed name and capacity of person signing application)

**STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING**

TRINITY PRODUCTS INCORPORATED

0100205183

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on September 7, 1983.

As of the date of this certificate, said business continues as an active business in the State of New Jersey. Annual Reports are outstanding for the following year(s):

2007

I further certify that the registered agent and registered office are:

*Barry S Guaglard Esq
210 Sylvan Ave
Englewood Cliffs, NJ 07632*



Certification# 113101366

*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed my
Official Seal at Trenton, this
24th day of November, 2008*

A handwritten signature in black ink, appearing to read "R. David Rousseau".

*R. David Rousseau
State Treasurer*

Verify this certificate at
https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp