

F20000000497

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

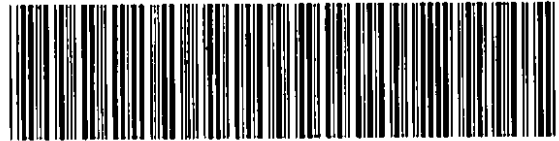
(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 JAN 23 PM 1:03

Sbf
1/29/20

COVER LETTER

TO: Registration Section
Division of Corporations
TRINITY VALLEY SUPPLY INC.

SUBJECT: _____
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," or "Certificate of Good Standing" 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:
TIMOTHY G. BRIER

Name of Person
TRINITY VALLEY SUPPLY INC.

Firm/Company
624 OCEAN ROAD

Address
VERO BEACH, FL 32963

City/State and Zip code
timbrier@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PETER B. QUINN 973 809-0494

Name of Person at () Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration 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

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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.*

TRINITY VALLEY SUPPLY INC.

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

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
NORTH CAROLINA 47-3044888

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
JANUARY 28, 2015

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
NO TRANSACTIONS AT THIS TIME

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
624 OCEAN ROAD VERO BEACH, FL 32963

7. _____
(Principal office address)
18302 TOWN HARBOUR ROAD CORNELIUS, NC 28031

(Current mailing address, if different)

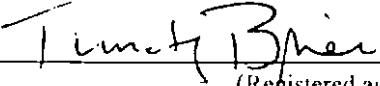
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: _____
TIMOTHY G. BRIER
624 OCEAN ROAD

Office Address: _____
VERO BEACH 32963
_____, Florida _____
(City) (Zip code)

9. 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.



(Registered agent's signature)

10. 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.

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

A. DIRECTORS

Chairman: TIMOTHY G. BRIER
624 OCEAN ROAD

Address: VERO BEACH, FL 32963

Vice Chairman: PETER B. QUINN
231 BALTUSROL AVENUE

Address: SPRINGFIELD, NJ 07081

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: TIMOTHY G. BRIER
624 OCEAN ROAD

Address: VERO BEACH, FL 32963

Vice President: _____

Address: _____

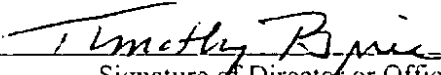
Secretary: _____

Address: _____

Treasurer: PETER B. QUINN
231 BALTUSROL AVENUE SPRINGFIELD, NJ 07081

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. 
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

TIMOTHY G. BRIER, CHAIRMAN AND PRESIDENT

13. _____
(Typed or printed name and capacity of person signing application)



NORTH CAROLINA

Department of the Secretary of State

CERTIFICATE OF EXISTENCE

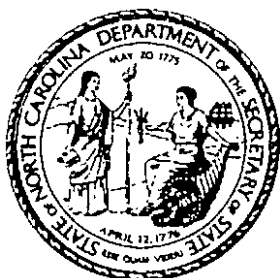
I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

TRINITY VALLEY SUPPLY INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 28th day of January, 2015, 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.

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Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 21st day of November, 2019.

Elaine F. Marshall

Secretary of State



North Carolina Department of The Secretary of State

Invoice Number: 15689283

Billing Information

Trinity Valley Supply Inc.
18302 Town Harbour Road
Cornelius, NC 28031

Contact: Trinity Valley Supply Inc.

Invoice Number: 15689283

Customer Id Number: 200871080

Invoice Date: 11/21/2019

Account Type: Payment upon Delivery

Ship Via: Online

Invoiced Items

Description	Certificate Number	Customer Reference	Qty	Pages	Item Cost	Sub Total	Amount Due
Existence Trinity Valley Supply Inc.							
1210 0511 435100072	105857046		1		\$10.00	\$10.00	Paid
Electronic Transaction Fee							
2120 0502 437993	105857047		1		\$2.00	\$2.00	Paid

Payment Details

PayPal Credit E-Payment for \$12.00, VISA Acct XXXXXXXXXXXXXXX6948, TXId: A10A8EB290A4

	1	\$12.00	\$12.00	Payment
				\$0.00

Make check payable to:

NC Secretary of State

Online Payment:

<http://www.sosnc.gov/payinvoice>



Scan to pay online.

Include Invoice Number on all remittance and send to:

Secretary of State
PO Box 29622
Raleigh, NC 27626

For information regarding your filing contact:

Customer Service at (919) 814-5400 or toll free at (888) 246-7636

Notice: To avoid an additional assessment of a one-time 10% late penalty and interest of 5% per annum, mandated by G.S. 147-86.23, the invoice must be paid in full.

There will be a \$25.00 processing fee for all returned checks and ACH returns.

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 7, 2020

TIMOTHY G BRIER
624 OCEAN RD
VERO BCH, FL 32963

SUBJECT: TRINITY VALLEY SUPPLY INC
Ref. Number: W20000001191

*1/19/20
Signature
provided as
requested
JTB*

We have received your document for TRINITY VALLEY SUPPLY INC 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 document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers listed.

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) 245-6051.

Sharon D Franklin
Regulatory Specialist II

Letter Number: 720A00000348

RECEIVED

JAN 23 2020