

NO 9000004846

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2009 MAY 14 PM 4:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500155924005 MAY 18 2009

COVER LETTER

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

SUBJECT: Trinity Outreach Project Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM: Khadine Alston
Name (Printed or typed)

PMB 1127, 5200 N. Federal Highway, Suite 2
Address

Ft. Lauderdale, FL 33308
City, State & Zip

(954) 579 6106
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be:

Trinity Outreach Project Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

PMB 1127
5200 N. Federal Highway, Suite 2
Fort. Lauderdale, FL 33308

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To raise awareness for public health issues affecting underserved communities with limited access to resources

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Board members will serve a three year term and will be elected by popular vote (majority vote).

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

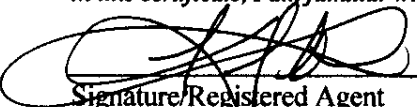
Khadine Alston
PMB 1127, 5200 N. Federal Highway, Suite 2
Ft. Lauderdale, FL 33308

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Khadine Alston
PMB 1127, 5200 N. Federal Highway Suite 2
Ft. Lauderdale, FL 33308

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.



Signature/Registered Agent



Signature/Incorporator

5/9/09

Date

5/9/09

Date

FILED

2009 MAY 14 PM 4:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA