

TRANSMITTAL LETTER

PO0000113812

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

SUBJECT:

ChrisTrinity Consulting, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

100003492531--2
-12/08/00--01115--009
*****87.50 *****87.50

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 of Status

ADDITIONAL COPY REQUIRED

FROM:

Crystal L. Garnes
Name (Printed or typed)

18180 NW 68th Ave #202
Address

Miami Lakes, FL 33015
City, State & Zip

305-362-5486
Daytime Telephone number

FILED
00 DEC -8 AM 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Crystal

AUTHORIZATION BY PHONE TO

CORRECT Shores

DATE 12/13

DOC. EXAM. SeB

SeB
12/13

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Chris Trinity Consulting, Incorporated.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling/address is:

18180 NW 68th Avenue #202
Miami Lakes, FL 33015

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To coordinate any and all special events and provide necessary services therein.

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Crystal L. Garnes, President
18180 NW 68th Avenue #202
Miami Lakes, FL 33015

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Crystal L. Garnes
18180 NW 68th Avenue #202
Miami Lakes, FL 33015

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Crystal L. Garnes
18180 NW 68th Avenue #202
Miami Lakes, FL 33015

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

Crystal L. Garnes

Signature/Registered Agent

Crystal L. Garnes

Signature/Incorporator

12/9/00
Date

12/9/00
Date

FILED
00 DEC - 8 AM 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA