

PO3000 131506

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

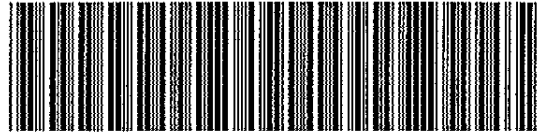
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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11/06/03--01038--006 \*\*78.75

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

✓

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11-13

## TRANSMITTAL LETTER

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

SUBJECT: TRINIFLAOUR, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00      ☒ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

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

**ADDITIONAL COPY REQUIRED**

FROM: CAROL DOLLAND

Name (Printed or typed)

17828 C JAMESTOWN WAY

Address

LUTZ, FLORIDA 33558

City, State & Zip

813-220-1261

Daytime Telephone number

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

# 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:

TRINIFLAVOUR, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

17828 C JAMESTOWN WAY  
LUTZ, FL 33558

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

RESTAURANT

## ARTICLE IV SHARES

The number of shares of stock is:

1

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

CAROL DOLLAND - OWNER (ADDRESS SAME AS ABOVE)

## ARTICLE VI REGISTERED AGENT

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

CAROL DOLLAND  
17828 C JAMESTOWN WAY - LUTZ, FL 33558

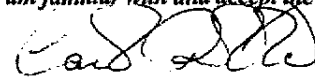
## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CAROL DOLLAND (ADDRESS SAME AS ABOVE)

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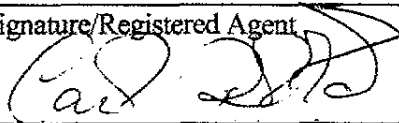
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



Signature/Registered Agent

11/04/03

Date



Signature/Incorporator

11/04/03

Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA