

704000157419

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

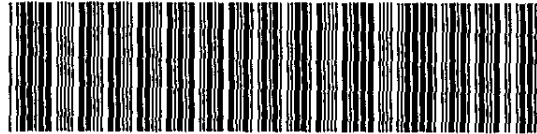
(Business Entity Name)

(Document Number)

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

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TALLAHASSEE, FLORIDA

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11-15

## TRANSMITTAL LETTER

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

SUBJECT: \_\_\_\_\_

Trinity Mortgage Lenders, 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  
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: \_\_\_\_\_

Caetan J. Kaber  
Name (Printed or typed)

2625 Keyhole Rd  
Address

State One  
City, State & Zip

Turpan Springs FL 34688  
Daytime Telephone number

727 942 7245

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TALLAHASSEE, FLORIDA

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**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:

Trinity Mortgage Lenders, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2625 Keystone Rd. Suite One,  
Tarpon Springs FL 34688

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Originate, process and close mortgage loans

## ARTICLE IV SHARES

The number of shares of stock is:

100

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Carolyn J Kahrs (P)

4834 Quail CT, Palm Harbor FL 34685

M. Odette Godin (VP)

1090 Rolling Oaks Dr. Tarpon Springs FL 34689

## ARTICLE VI REGISTERED AGENT

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

Henry G Kahrs

4834 Quail CT, Palm Harbor FL 34685

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Carolyn J Kahrs

4834 Quail CT, Palm Harbor FL 34685

\*\*\*\*\*  
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

Date

Signature/Incorporator

Date

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