

PO7000102451

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



200107038312

09/17/07--01003--013 \*\*78.75

RECEIVED

07 SEP 14 PM 4:16

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

07 SEP 14 PM 4:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

17

## COVER LETTER

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

SUBJECT: Trinity Corp  
(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: Mary Lane Marrevo  
Name (Printed or typed)

1720 Paulo Dr.  
Address

Tallahassee, FL 32303  
City, State & Zip

850-566-5602  
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)

**FILED**

07 SEP 14 PM 4:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

Trinity Health Corp

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

1720 Paula Dr.  
Tallahassee, FL 32303

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To open a residential group home and any and all lawful business.

**ARTICLE IV SHARES**

The number of shares of stock is: 3000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Mary Lane Manero, President - 1720 Paula Dr. Tallo. FL 32303

Saddie Evid Manero, Vice President - 1720 Paula Dr. Tallo. FL.  
32303

**ARTICLE VI REGISTERED AGENT**

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

1720 Paula Dr. Tallahassee, FL 32303

Mary Lane Manero

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Mary Lane Manero

1720 Paula Dr. Tallahassee, FL 32303

\*\*\*\*\*

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

Mary L. Manero

Signature/Registered Agent

9.14.07

Date

Mary L. Manero

Signature/Incorporator

9.14.07

Date