

P07000104772

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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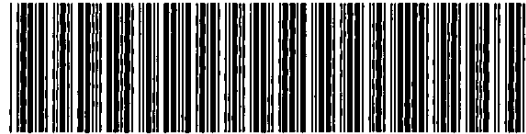
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

KS

9/20/07

COVER LETTER

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

SUBJECT: TRINITY TRANSLATIONS, 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: CARLA S. FERRO

Name (Printed or typed)

262 WORTH CT. S.

Address

WEST PALM BEACH, FL 33405

City, State & Zip

(561) 281-0450

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:

TRINITY TRANSLATIONS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

262 WORTH CT. S.
WEST PALM BEACH, FL 33405

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Languages translations and other pertinent services.

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):

Carla S. Ferro - President
262 Worth Ct. S.
West Palm Beach, FL 33405

ARTICLE VI REGISTERED AGENT

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

Sara Gomez Ferro
262 Worth Ct. S.
West Palm Beach, FL 33405

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Sara Gomez Ferro
262 Worth Ct. S.
West Palm Beach, FL 33405

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

9-17-07

Date



Signature/Incorporator

9-17-07

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA