

P08000037650

\_\_\_\_\_  
(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



200122445112

04/14/08--01017--018 \*\*78.75

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 APR 14 PM 3:52

gt 4/14/08

**COVER LETTER**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 APR 14 PM 3:52

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

**SUBJECT:** TRINITY TRASH TAKEAWAY, 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:** JOEL A SHOR, CPA

Name (Printed or typed)

16130 RIO DEL PAZ

Address

DELRAY BEACH, FL 33446

City, State & Zip

561-499-3500

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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 APR 14 PM 3:52

### ARTICLE I NAME

The name of the corporation shall be:

TRINITY TRASH TAKEAWAY, INC.

### ARTICLE II PRINCIPAL OFFICE

The principle street address and mailing address, if different is:

3953 LONE PINE ROAD  
DELRAY BEACH, FL 33445

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TRASH HAULING

### ARTICLE IV SHARES

The number of shares of stock is:

5000

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

CLIFF T FINE, PRESIDENT  
3953 LONE PINE ROAD  
DELRAY BEACH, FL 33445

### ARTICLE VI REGISTERED AGENT

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

CLIFF T FINE  
3953 LONE PINE ROAD  
DELRAY BEACH, FL 33445

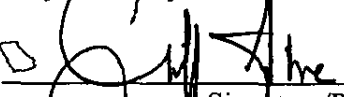
### ARTICLE VII INCORPORATOR

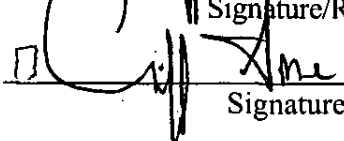
The name and address of the Incorporator is:

CLIFF T FINE  
3953 LONE PINE ROAD  
DELRAY BEACH, FL 33445

\*\*\*\*\*

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

☒   
\_\_\_\_\_  
Signature/Incorporator

☒ 4/16/08  
\_\_\_\_\_  
Date

☒ 4/10/08  
\_\_\_\_\_  
Date