

PD8000065520

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

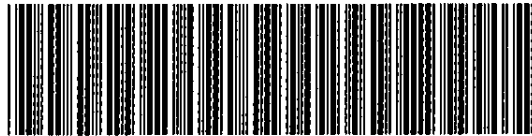
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08 JUL 10 AM 11:45

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

08 JUL 10 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: _____

Trinity Support Services

(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: _____

Bettye Lovett

Name (Printed or typed)

4000 Buster Rd

Address

Tallahassee, FL 32305

City, State & Zip

(850) 321-9225

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 Support Services Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

*4000 Buster Rd
Tallahassee, Fl. 32305*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Janitorial + Misc.

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):

*President - Bethye Lovett
Vice President - Daisy ~~Edwards~~ Gentle
Secretary - Tremaine Lovett
Treasure - Meedus Timmons*

ARTICLE VI REGISTERED AGENT

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

*Trinity Support Services Bethye Lovett
4000 Buster Rd
Tallahassee, Fl. 32305*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Bethye Lovett
4000 Buster Rd
Tallahassee, Fl. 32305*

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

Bethye Lovett

Signature/Registered Agent

Bethye Lovett

Signature/Incorporator

7/10/08

Date

17/10/08

Date

FILED
08 JUL 10 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA