

P09000020982

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

2/16/09 Balance work

Office Use Only



100142978641

02/19/09--01004--007 **157.50

FILED

2009 MAR -3 A 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2/16/09
3-6-09
MC

COVER LETTER

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

SUBJECT: _____
(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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Norman Cillo _____
Name (Printed or typed)

9436 Leatherwood Ave _____
Address

Tampa, FL 33647 _____
City, State & Zip

813-345-8259 _____
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.



RECEIVED
DEPARTMENT OF STATE
09 MAR -3 AM 11:19

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 23, 2009

NORMAN CILLO
9436 LEATHERWOOD AVE.
TAMPA, FL 33647

SUBJECT: TREVANSOFT CORPORATION
Ref. Number: W09000008445

We have received your document for TREVANSOFT CORPORATION and your check(s) totaling \$157.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the corporation's principal street address and/or a mailing address in the document. A post office box is not acceptable for the principal address.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6995.

Wanda Cunningham
Regulatory Specialist II
New Filing Section

Letter Number: 209A00006218

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:

TrevanSoft Corporation

ARTICLE II PRINCIPAL OFFICE

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

TrevanSoft Corporation
9436 Leatherwood Ave
Tampa, FL 33647

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TrevanSoft is a software development company. The company will specialize in developing software for the home and business microcomputer.

ARTICLE IV SHARES

The number of shares of stock is:

200,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Norman Cillo, 9436 Leatherwood Ave, Tampa FL 33647 - Chief Executive Officer, Chief Operations Officer
Peter Lamanna, 14045 Bear Creek RD NE, Woodinville, WA 98077 - Chief Software Architect

ARTICLE VI REGISTERED AGENT

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

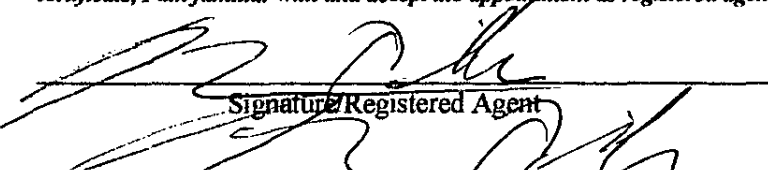
Norman Cillo, 9436 Leatherwood Ave, Tampa FL 33647

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Norman Cillo, 9436 Leatherwood Ave, Tampa FL 33647

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

2/10/09
Date

2/10/09
Date

2009 MAR -3 A 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED