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Office Use Only



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08/31/09--01031--010 **78.75

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2009 SEP 10 P 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 15 2009
D.A. WHITE

COVER LETTER

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

SUBJECT: _____

Trinity Care 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: _____

Padrica Davis

Name (Printed or typed)

4825-33rd Avenue

Address

Vero Beach, Florida, 32967

City, State & Zip

(772) 501-2393

Daytime Telephone number

Padrica.Davis@yahoo.com

E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 2, 2009

PADRIC A DAVIS
4825-33RD AVENUE
VERO BEACH, FL 32967

SUBJECT: TRINITY CARE CORP.
Ref. Number: W09000039486

We have received your document for TRINITY CARE CORP. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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) 245-6933.

Dale White
Regulatory Specialist II
New Filing Section

Letter Number: 309A00029350

RECEIVED
09 SEP 10 PM 12
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATIONS
In Compliance with Chapter 607 and/or Chapter 621, F.S. Profit
OF
TRINITY OMNISCIENT CARE
A FLORIDA PROFIT ORGANIZATION

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TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:
TRINITY OMNISCIENT CARE Corp.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
4825 33 AVENUE VERO BEACH, FL 32967

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

- A. This corporation is a Profit Corporation organized under Chapter 607 and/or Chapter 621, Florida Statutes. It is organized for the private gain of a person. The specific purposes of this corporation are:
- To serve people who desire to live more independently and sufficient lives.
 - To provide counseling, evaluations and recreational activities..
 - To Provide quality care in the following services to Med-Wavier consumers: Companionship, Respite care, Supported Living Coaching, In Home Support and Transportation.

B. To exercise all rights and powers conferred by the laws of the State of Florida upon profit organizations,

C. Provided, however, that the corporation shall not engage in any action which is not permitted to be carried on by profit corporation under the Internal Revenue Code; but the corporation shall be authorized and empowered to pay reasonable compensation to these people for services rendered, and to make payments and distributions in furtherance of its stated purpose.

ARTICLE IV MANNER OF ELECTIONS

The manner in which the directors are elected or appointed:

The corporation shall have voting Members, who shall be elected (and may be removed) by the voting members, and who shall have all the rights and privileges of members of the corporation. Each member shall have one vote, and new members will be conducted on a quarterly basis. Removal of a member will be conducted on a quarterly basis.

ARTICLE V INITIAL DIRECTORS/OFFICERS

The name and addresses:

Padrica Davis,	4825 33 AVENUE	VERO BEACH, FL. 32967
Rolanda Spearman,	4825 33 AVENUE	VERO BEACH, FL. 32967
Shalanda Spearman,	4825 33 AVENUE	VERO BEACH, FL. 32967

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

PADRICA DAVIS
4825 33 AVENUE VERO BEACH, FL. 32967

ARTICLE VII INCORPORATOR

PADRICA DAVIS
4825 33 AVENUE VERO BEACH, FL. 32967

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TALLAHASSEE, FLORIDA

Having been named as registered agent to accept service of process for the 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.

Padrica Davis
Print/Registered Agent
Padrica Davis
Signature/Registered Agent

September 7, 2009
Date
September 7, 2009
Date

Patricia Dams
Print/Incorporator
Patricia Dams
Signature/Incorporator

9/7/09
Date
9/7/09
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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