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**2010 JUL 28 P 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**JUL 30 2010
D. A. WHITE**

COVER LETTER

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

SUBJECT: Trinity Spa 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Sabrina Newton

Name (Printed or typed)

2109 Stryker Street

Address

Orlando, FL 32805

City, State & Zip

321-276-8123

Daytime Telephone number

BrinaNwtn@hotmail.com

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

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 Spa Inc.

ARTICLE II PRINCIPAL OFFICE

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

2109 Stryker Street
Orlando, FL 32805

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To operate a mobile day spa.

ARTICLE IV SHARES

The number of shares of stock is:

23

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Sabrina Newton	Patricia Newton
2109 Stryker Street,	2109 Stryker Street,
Orlando, FL 32805	Orlando, FL 32805
Owner/President	Advisor

ARTICLE VI REGISTERED AGENT

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

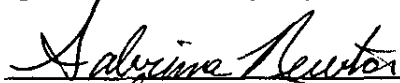
Sabrina Newton
2109 Stryker Street
Orlando, FL 32805

ARTICLE VII INCORPORATOR

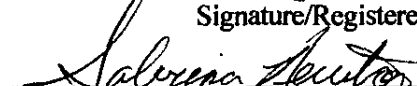
The name and address of the Incorporator is:

Sabrina Newton
2109 Stryker Street
Orlando, FL 32805

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

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2010 JUL 28 P 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07/26/2010

Date

07/26/2010

Date