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| | Account Name | ; YOUR CAPITAL CONNECTION, INC. | 岩色 |
| | Account Number | : 120000000257 | ₽# ; |
| | Phone | : (850)224-8870 | |
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1/31/2011



February 1, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

YOUR CAPITAL CONNECTION, INC.

SUBJECT: TRINITY FLORIDA SERVICES INC

REF: W11000006076

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation.

One or more major words may be added to make the name distinguishable. Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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Claretha Golden Regulatory Specialist II New Filing Section FAX Aud. #: H11000025676 Letter Number: 911A00002651 SECRETARY OF SIGHT. "
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SECRETARY OF STATES

ARTICLES OF INCORPORATION ce with Chapter 607 and/or Chapter 621 F.S. (P.

| 61 OF | RINCIPAL OFFICE Principal street address 23 METROWEST BLVD #102 ILANDO, FL 32835 | | g address, if different is: |
|---|---|--|--|
| RTICLE III P | URPOSE: ch the corporation is organized is: | | |
| ANY AND ALL | LAWFUL BUSINESS | | |
| RTICLE IV S | EARES of stock is: | | |
| Name and Title Address: | MITIAL OFFICERS AND/OR DIRECTOR EDUARDO NABUT (PRESIDENT) 8123 METROWEST BLVD #102 ORLANDO, FL 32835 | Name and Title:Address: | |
| Name and Title Address: | et | Name and Title: | |
| Name and Titl Address: | e: | Name and Title: | |
| | REGISTERED AGENT | | |
| he name and Flor Name: | da strect address (P.O. Box NOT acceptable) of EDUARDO NABUT | t the registered agent is: | |
| Address: | 6123 METROWEST BLVD #102 ORI ANDO, FL 32835 | | |
| ir <i>ticle vii</i> | INCORPORATOR | | |
| he name and add | ress of the incorporator is: | | |
| Name: | EDUARDO NABUT | | |
| Address: | 6123 METROWEST BLVD ORLANDO, FL 32835 | - - | |
| Saving been name his certificate, I an | d as registored agent to accept service of proce familiar will pud accept the appointment as re | s for the above stated c sistered agent and agree | orporation of the place designate to act in this capacity |
| | CARL IT | | 02/02-111 |
| | | | ひんしひとっしく |
| | Required Signature/Registered Agent | | Date |