

P11000077242

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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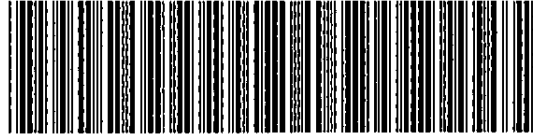
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/31/11--01002--024 **112.50

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RECEIVED
11 AUG 31 AM 11:24

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 AUG 31 AM 11:54

PS 8/31/11

COVER LETTER

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

SUBJECT: TRIFECTA SERVICES INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

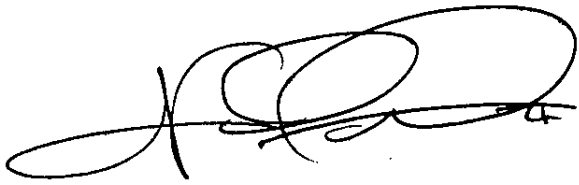
☐ \$70.00 Filing Fee
☐ \$78.75 Filing Fee & Certificate of Status

☐ \$78.75 Filing Fee & Certified Copy
☒ \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: NICHOLAS GEORGE
Name (Printed or typed)
PO Box 13444
Address
TALLAHASSEE, FL 32317
City, State & Zip
850 - 933 - 8337
Daytime Telephone number
NICK@TRIFECTASERVICESINC.COM
E-mail address: (to be used for future annual report notification)

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

I, NICHOLS GEORGE, HAVE NO INTENSION
OF REVOKING THE DISSOLUTION OF THE LLC
REVEALING THE NAME.

A handwritten signature in black ink, appearing to read "George Nichols". The signature is stylized with large, overlapping loops and a long horizontal stroke at the bottom.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be: **TRIFECTA SERVICES INC.** 11 AUG 31 AM 11:54

ARTICLE II PRINCIPAL OFFICE

Principal street address
**2804 REMINGTON GREEN CIR.
SUITE 2
TALLAHASSEE, FL 32308**

Mailing address, if different is:
**PO Box 13444
TALLAHASSEE, FL
32317**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CONSULTING GROUP.

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **NICHOLAS GEORGE (PRESIDENT)**
Address: **PO Box 13444
TALLAHASSEE, FL 32317**

Name and Title: _____
Address: _____

Name and Title: **JOHN GRIFFIN (SEC. TREAS.)**
Address: **7644 BROADVIEW FARMS LN
TALLAHASSEE, FL 32309**

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: **NICHOLAS GEORGE**
Address: **7803 THORNHILL LN.
TALLAHASSEE, FL 32312**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **NICHOLAS GEORGE**
Address: **7803 THORNHILL LN.
TALLAHASSEE, FL 32312**

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


Required Signature/Registered Agent

8-31-2011
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature/Incorporator

8-31-2011
Date