

P/2000019452

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

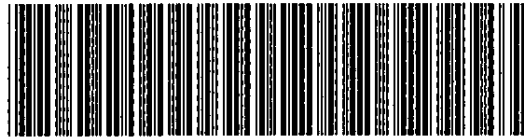
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

ADDED TITLE TO "OFFICERS/
DIRECTORS" PER TELEPHONE
CONVERSATION WITH ANGELA
MILLS.

K 02/27/12

Office Use Only



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02/24/12--01031--003 **78.75

FILED
12 FEB 24 PM 4:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 02/27/12

COVER LETTER

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

SUBJECT: Trinity Health 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: Angela mills
Name (Printed or typed)

2425 Beach Ave
Address

APOPKA, FL 32703
City, State & Zip

(407) 468-8106
Daytime Telephone number

trinityhealth08@gmail.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 Health Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

2425 Beach Ave
Apopka, FL 32703

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

For organization, employee structure, tax purposes

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Angela Mills, P

Address: 2425 Beach Ave
Apopka, FL 32703

Name and Title: _____

Address: _____

(100 shares)

Name and Title: _____

Address: _____

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: Angela Mills

Address: 2425 Beach Ave
Apopka, FL 32703

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Angela Mills

Address: 2425 Beach Ave
Apopka, FL 32703

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TALLAHASSEE, FLORIDA

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

Angela Mills
Required Signature/Registered Agent

2/21/12
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.

Angela Mills
Required Signature/Incorporator

2/21/12
Date