## 00000019

(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:						
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12 JUL -9 PH 12: 25

620) W12000033569

## **COVER LETTER**

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

SUBJECT:	Trinity Senior	Care Group, Inc.					
	(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u> )					
Enclosed are an	original and one (1) copy of the arti	cles of incorporation and a check for:					
\$70.00 Filing Fe	\$78.75 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy Certificate of Status  ADDITIONAL COPY REQUIRED					
		ADDITIONAL COLL REQUIRED					
FROM: Freding Barr							
Name (Finited of typed)							
5307 72nd St. East							
Address							
	Palmetto, FZ	34221					
Palmetto, FZ 34221 City, State & Zip							
	941-952-83	316					
Daytime Telephone number							
_	fredinnabe	2 hotmail.com					
E-mail address: (to be used for future annual report notification)							

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



PECEIVED

12 JUL -6 PHIS: 38

EXECUTE OF SIME

June 21, 2012

FREDINNA BARR 5307 72ND ST E PALMETTO, FL 34221

SUBJECT: TRINITY CARE, INC. Ref. Number: W12000033569

We have received your document for TRINITY CARE, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

To complete the filing fee, you need to submit an additional \$35.

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

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.

Please return 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) 245-6052.

Jessica A Fason Regulatory Specialist II

Letter Number: 312A00017167

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

ARTICLE 1 A	CAME oration shall be: Trinity	Senior	Care	Group,	Inc.
ARTICLE II P	Principal oppice Principal street address	•	Mailing address, if different is:		
	307 72nd St. East Umeto, FZ 34221	<del></del> ·			
ARTICLE III PI	URPOSE ch the corporation is organized is:				
	Adult Day Can	re .			
ARTICLE IV S The number of shares					
	nitial officers and/or dir				
	: Fredinna Barr, Prince 5307 72nd St East	Name			
Address:	Palmetto FZ 34221		-		
	Jametto 12 OTZZT				
Nome and Tists		Nama	and Title.		
Name and Title				<del></del>	<del></del>
Aggress:		Addre	ss:	<u> </u>	<del> </del>
				<del></del>	
NT 1 (177/1			3 77141		
Name and Title Address:	, , , , , , , , , , , , , , , , , , ,				
Addiess.		Addre	33.		
		<del></del>			
ARTICLE VI R	BGISTERED AGENT				
	a street address (P.O. Box NOT acce	ntable) of the regis	tered spent is:	12	<,
Name:	Fredinna Barr	_		یے	<u> </u>
Address:	5307 72nd St. East			- Commander of the Comm	317
	Palmeto, FL 34221			-9	
ARTICLE VII IN	CORPORATOR				851
	of the Incorporator is:			3	 : <u>1</u>
Name:	Fredinna Barr			PM 12: 25	Š. 1
Address:	5307 72nd St. Eas	<del></del>		2	7.4
	Palme HO, FC 34221			O1	315 ·
Havina heen named i	as registered agent to accept service o	of necessary for the	ahove stated como	nation at the place de	clausted in
this certificate, I am fo	umiliar with and accept the appointme	nt as registered ag	ent and agree to a	ranon at the place ac A in this capacity	ognueu ui
	(8) (1)	_	_		
Y	1/2 ( ) / ( )			7-3-12	-
	Required Signature/Registered Ag	gent		Date	
I submit this docume	ns and affirm that the facts stated he	rein are true. I a	m aware that the s	false information sub	mitted in a
document to the Depar	riment of State constitutes a third degr	ree felony as provi	ded for in s.817.15.	5, F.S.	
1	$M \cap M \cap Z$	•	-		
				7-3-12 Date	
١,	Required Signature/Incorporate	OT		Date	