

P/4000028597

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

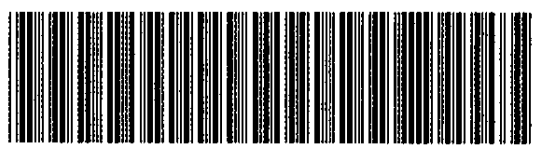
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/21/14--01003--011 **78.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

with 5861

03/31/14



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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14 MAR 28 PM 2:10

SEAL OF THE STATE
TALLAHASSEE, FLORIDA

January 29, 2014

AMANDA SHINN
10466 SE SAILFISH CIR.
HOBE SOUND, FL 33455

SUBJECT: TRILOGY CO.
Ref. Number: W14000005861

We have received your document for TRILOGY CO. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

The document number of the name conflict is L13000094541 (TRILOGY LLC).

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://www.sunbiz.org/titledef.html>.

Please return the corrected original and one copy of 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.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 414A00001928

COVER LETTER

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

FILED
14 MAR 28 PM 2:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Trilogy Co.
(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: Amanda Shinn
Name (Printed or typed)

~~10466~~ 10466 SE sailfish cir.
Address

Hobe Sound, FL 33455
City, State & Zip

561-654-4599
Daytime Telephone number

AMANDA_SEQUEL@AOL.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: Trilogy & Company Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6545 SE Federal Hwy
APT # 203
Stuart, FL 34997

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Sales + marketing

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TALLAHASSEE, FL 32304

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Courtney Burkhardt/Vice-president</u>	Name and Title:	<u>Amanda Shinn/President</u>
Address	<u>6545 SE Federal Hwy</u>	Address:	<u>10466 SE Sailfish Cir.</u>
	<u>APT # 203</u>		<u>Hobe Sound, FL</u>
	<u>Stuart, FL 34997</u>		<u>33455</u>

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

(conti.)

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

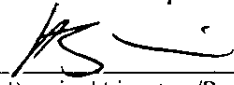
Name: Aminda Shinn
Address: 10466 SE Sailfish Cir
Hobe Sand, FL 33455

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

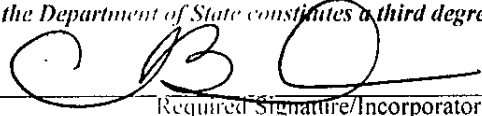
Name: Courtney Burkhardt
Address: 6545 SE Federal Hwy
#203 Stuart, FL 34997

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

1/17/14
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

1/17/14
Date

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TALLAHASSEE, FLORIDA