

P14 6000 87 408

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

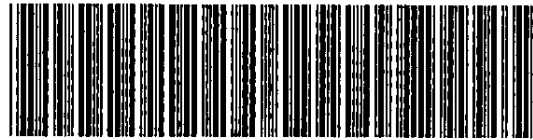
Special Instructions to Filing Officer:

Office Use Only

W14 6000 87 408

OCT 27 2014

T. SCOTT



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09/26/14--01012--013 **78.75

OCT 24 PM 3:00

SECRETARY OF TREASURY
DIVISION OF CORPORATE FINANCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 2, 2014

PETROS HALDOUPIS
914 PENINSULA RD.
TARPON SPRINGS, FL 34689

SUBJECT: TRINITY MGT., CORP.
Ref. Number: W14000060226

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

Registered agent must be listed with Florida street address and signature required.,

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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 714A00021135

COVER LETTER

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

SUBJECT: Trinity Mgt, Corp.

(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: Petros Haldoupis

Name (Printed or typed)

914 Peninsula Rd.

Address

Tarpon Springs, FL 34689

City, State & Zip

1-718-210-7028

Daytime Telephone number

phaldoupis@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 Mgt, Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

914 Peninsula Rd.

Tarpon Springs, FL 34689

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Office Management Solutions

12 OCT 24 PM 3:00
VISITING HOURS
OFFICE HOURS

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Petros Haldoupis D

Name and Title: _____

Address 914 Peninsula Rd

Address: _____

Tarpon Springs, FL 34689

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: PETROS HALDOUPIS

Address: 914 PENINSULA RD
TARPON SPRINGS, FL 34689

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Petros Haldoupis

Address: 914 Peninsula Rd
Tarpon Springs, FL 34689

OCT 24 PM 3:00
DIVISION OF CORPORATIONS
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

Petros Haldoupis

Required Signature/Registered Agent

10/17/14
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.

Petros Haldoupis

Required Signature/Incorporator

9/24/14
Date

Article VIII: Effective date December 19, 2014