

P/5000081445

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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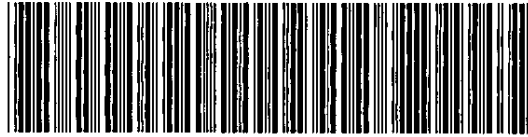
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/31/15--01030--014 **87.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 OCT - 1 AM 10:23

W15-059437

10/02/15

COVER LETTER

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

SUBJECT: LOU MAR, 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: LOUIS C. REED
Name (Printed or typed)

100 S.W. 15TH ROAD
Address

HOMESTEAD, FL. 33030
City, State & Zip

954-558-5612
Daytime Telephone number

LOUMAR1@ATT.NET
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 9, 2015

LOUIS C. REED
100 S.W. 15TH ROAD
HOMESTEAD, FL 33030

SUBJECT: LOUMAR, INC.
Ref. Number: W15000059437

We have received your document for LOUMAR, INC. and your check(s) totaling \$87.50. 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 F15000000373 (LOUMAR, INC.).

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: 415A00018998

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: TRINITEAM, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

100 SW 15th ROAD

(SAME)

HOMESTEAD, FL. 33030

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PROFIT, CUSTOMER SERVICE

ARTICLE IV SHARES

The number of shares of stock is: 50

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15 OCT - 1 AM 10:23

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LOUIS C. REED - PRESIDENT Name and Title: _____

Address: 100 SW 15th ROAD Address: _____

HOMESTEAD, FL. 33030

Name and Title: MARTHA E. REED - VICE PRESIDENT Name and Title: _____

Address: 100 SW. 15th ROAD Address: _____

HOMESTEAD, FL. 33030

Name and Title: MELANIE S. REED - C.F.O. Name and Title: _____

Address: 100 SW. 15th ROAD Address: _____

HOMESTEAD, FL. 33030

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: LOUIS C. REED

Address: 100 S.W. 15th ROAD

HOMESTEAD, FL. 33030

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: LOUIS C. REED

Address: 100 S.W. 15th ROAD

HOMESTEAD, FL. 33030

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DIVISION OF CORPORATION
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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

8-22-15

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

8-22-15

Date