

P/6000002674

(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



800280116928

01/04/16--01036--018 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 JAN -4, PM 2:19

EFFECTIVE DATE 01/01/16

01/13/16

COVER LETTER

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

SUBJECT: Trinity Services of Davie, 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: Carol A Williams

Name (Printed or typed)

4839 SW 148th Ave., Suite 409

Address

Davie, FL 33330

City, State & Zip

954 258 2960

Daytime Telephone number

williamzone4758@bellsouth.net

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 Services of Davie, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
4839 SW 148th Ave., Suite 409

Davie, FL 33330

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Consulting, Interior/Exterior Home design and maintenance.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Carol A Williams, President

Address: 5931 Devon Lane
Davie, FL 33331

Name and Title: Blake Williams, Vice President

Address: 5931 Devoon Lane
Davie, FL 33331

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

FILED
SECRETARY OF STATE
16 JAN -4 PM 2:19
DAVIE FL 33331

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: Carol A Williams

Address: 5931 Devon Lane

Davie, FL 33331

ARTICLE VII INCORPORATOR

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

Name: Carol A Williams

Address: 5931 Devon Lane

Davie, FL 33331

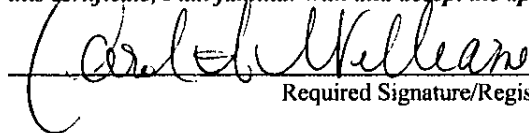
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: January 1, 2016 (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

1/1/2016

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

1/1/2015

Date

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 JAN -1 PM 2:19