

P 1600007475

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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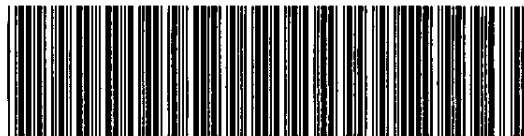
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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STATE OF TEXAS  
CLERK OF THE COURT

*[Signature]* 1/27/16

## COVER LETTER

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

SUBJECT: TRINITY WEALTH MANAGEMENT GROUP 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: MICHAEL A PETERS  
Name (Printed or typed)

1555 NAPERVILLE WHEATON RD Suite 109  
Address

NAPERVILLE IL 60563  
City, State & Zip

630-717-3333  
Daytime Telephone number

MIKE @ MORETHANCPA.COM  
E-mail address: (to be used for future annual report notification)

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

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

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

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ARTICLE I NAME

The name of the corporation shall be: TRINITY WEALTH MANAGEMENT GROUP INC.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8517 GUNN HWY  
ODESSA, FL 33556

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ADAM PARKS, PRESIDENT Name and Title:

Address 8517 GUNN HWY Address:  
ODESSA, FL 33556

Name and Title: Name and Title:

Address Address:

Name and Title: Name and Title:

Address Address:

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: ADAM PARKS

Address: 8517 GUNN HWY

ODESSA FL 33556

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

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

Name: MICHAEL A PETERS

Address: 1555 NAPERVILLE WHEATON RD Suite 109

NAPERVILLE IL 60563

**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

1-8-15  
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

1/6/15  
Date