

PI6000027929

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

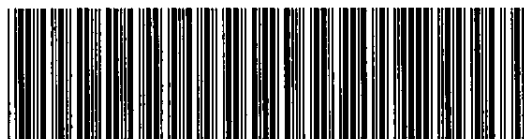
(Document Number)

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FILED  
16 MAR 30 AM 11:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1116-21335

MD 3/30

## COVER LETTER

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

**SUBJECT:** Trinity Pools 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      ☒ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Robert D Roberson

\_\_\_\_\_  
Name (Printed or typed)

13314 La Casita Avenue

\_\_\_\_\_  
Address

Spring Hill, Florida 34609

\_\_\_\_\_  
City, State & Zip

352-346-8418

\_\_\_\_\_  
Daytime Telephone number

floridapoolsone@gmail.com

\_\_\_\_\_  
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

March 22, 2016

ROBERT D. ROBERSON  
13314 LA CASITA AVENUE  
SPRING HILL, FL 34609

SUBJECT: TRINITY POOLS INC.  
Ref. Number: W16000021335

We have received your document for TRINITY POOLS INC. 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 person designated as incorporator in the document and the person signing as incorporator must be the same.

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.

Maryanne Dickey  
Regulatory Specialist II  
New Filing Section

Letter Number: 816A00005847

**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 Pools Inc.

(Trinity Pools Inc.)

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

13314 La Casita Avenue

Spring Hill, Florida 34609

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Professional swimming pool construction, service and sale

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE IV SHARES**

The number of shares of stock is: 400

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Robert D Roberson

Name and Title: Christa Em Roberson

Address 13314 La Casita Avenue

Address: 13314 La Casita Avenue

Spring Hill, Florida

Spring Hill, Florida

34609

34609

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: Robert D Roberson

Address: 13314 La Casita Avenue

Spring Hill, Florida 34609

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

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

Name: Robert D Roberson

Address: 13314 La Casita Avenue

Spring Hill, Florida 34609

**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*

Robert D. Roberson

Required Signature/Registered Agent

March 10, 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.*

[Signature]

Required Signature/Incorporator

March 10, 2016

Date

Robert D. Roberson