

PI6000048707

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

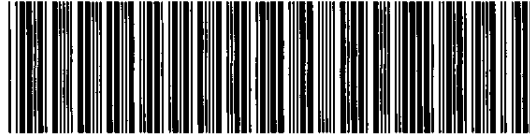
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/31/16--01011--002 **87.50

16 MAY 31 AM 10:04
DIVISION OF REGISTRATION
STATE OF ARIZONA

COVER LETTER

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

SUBJECT: TRI-FAITH AUTO 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: JULIUS LARRY MORRIS
Name (Printed or typed)
1126 BROWNSHIRE CT
Address
LONGWOOD, FL 32779
City, State & Zip
(713) 303-0395
Daytime Telephone number
juliusmorris53@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: TRI-FAITH AUTO INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3804 N. ORANGE BLOSSOM TRAIL, Suite D31 & D32

P.O. BOX 682948

ORLANDO, FL 32804

ORLANDO, FL 32868

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: WHOLESALE AND RETAIL AUTOMOBILE SALES TO PUBLIC
AND DEALERSHIPS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Julius Larry Morris / PRESIDENT Name and Title: _____

Address 1126 Brownshire Ct. Address: _____

Longwood, FL 32779

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

16 MAY 31 AM 10:04
BOSTON
MASS
RECEIVED
STATE
SECRETARY
OF
COMMONWEALTH
OF MASSACHUSETTS

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: Demetress Morales

Address: 2425 N. Hiwassee Road

Orlando, FL 32818

ARTICLE VII INCORPORATOR

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

Name: Julius Larry Morris

Address: 1126 Brownshire Ct

Longwood, FL 32779

16 MAY 31 AM 10:04
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

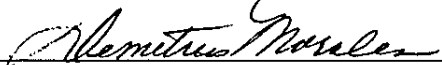
ARTICLE VIII EFFECTIVE DATE:

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.)

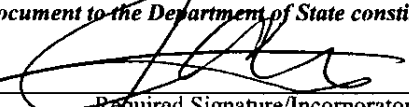
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

5-26-2016
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

5-26-2016
Date