

P17000012048

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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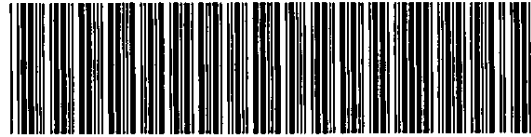
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
17 FEB - 7 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: TRINITY-1 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: Julia Greenberg - Aguilar
Name (Printed or typed)
1 Radisson Plaza, Ste. 800
Address
New Rochelle, NY 10801
City, State & Zip
877-330-2677
Daytime Telephone number
julia@myusacorporation.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: TRINITY-1 INC.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

Mailing address, if different is:

2210 N W 10th Place

2210 N W 10th Place

Delraybeach, FL 33445

Delraybeach, FL 33445

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Medical industrial supplier

ARTICLE IV SHARES

The number of shares of stock is: 5000

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TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: COREY GAUFF-PRESIDENT

Name and Title: MIKE NALLS-VICEPRESIDENT

Address 2210 N W 10TH PLACE
DELRAYBEACH, FL 33445

Address: 330 DAVIS RD,
DELRAYBEACH, FL, 33445

Name and Title: COREY GAUFF-SECRETARY

Name and Title: COREY GAUFF-TREASURER

Address 2210 N W 10TH PLACE
DELRAYBEACH, FL 33445

Address: 2210 N W 10TH PLACE
DELRAYBEACH, FL 33445

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: MIKE NALLS
Address: 330 DAVIS RD.
DELRAYBEACH, FL 33445

ARTICLE VII INCORPORATOR

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

Name: COREY GAUFF
Address: 2210 N W 10th PLACE
DELRAYBEACH, FL 33445

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 days prior or 90 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

Mike Nalls 1/23/2017
Required Signature/Registered Agent 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.

Corey Gauff 1/23/2017
Required Signature/Incorporator Date