

P20000061981

Florida Department of State
Division of Corporations
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TO:
CORPORATIONS
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To: Division of Corporations
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Account Name : ALLSTATE MEDICAL CONSULTING, INC.
Account Number : I20110000067
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FLORIDA PROFIT/NON PROFIT CORPORATION
TRINITY MENTAL HEALTH INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

Electronic Filing Menu.

Corporate Filing Menu

Help

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

ARTICLE I NAMEThe name of the corporation shall be: TRINITY MENTAL HEALTH INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

4236 Linebaugh AveTampa FL 33624**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFULL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: P LORENTE SOROA, MEIBYS

Name and Title: _____

Address

4236 Linebaugh Ave

Address: _____

Tampa FL 33624Name and Title: VP PENTON GONZALEZ, ORBELY

Name and Title: _____

Address

4236 Linebaugh Ave

Address: _____

Tampa FL 33624

Name and Title: _____

Name and Title: _____

Address

Address: _____

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Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____
	_____		_____
	_____		_____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: LORENTE SOROA, MEIBYS
Address: 4236 Linebaugh Ave
Tampa FL 33624

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: LORENTE SOROA, MEIBYS
Address: 4236 Linebaugh Ave
Tampa FL 33624

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: 08/12/2020 (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 agree to the appointment as registered agent and agree to act in this capacity

Required Signature/Registered Agent

August 12, 2020

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

August 12, 2020

Date