## P22000024773

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAI	L
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

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SECRETARY OF STATE
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115 N CALHOUN ST., STE. 4 TALLAHASSEE. FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	04/01/2022	
Name:	Jennifer Bialowas	
Reference	e #:1632220	
	me:	TRL, INC
<b></b> Art	ticles of Incorporation/Authoriza	ation to Transact Business
Am	nendment	
☐ Ch	ange of Agent	
Re	instatement	
Co	nversion	
☐ Me	erger	
☐ Dis	ssolution/Withdrawal	
☐ Fic	titious Name	
<b>✓</b> Oth	herUpon filing	g please provide a certified copy
Authorize	d Amount: 78.75	
Signature	:/_	

F: +852.2682.9790

## **COVER LETTER**

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

SUBJECT:	Tr	Hnc	
SUBJECT:	(PROPOSED CORPORA	ATE NAME - <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	l a check for:
□ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy  ADDITIONAL CO	☐ \$87.50 Filing Fee. Certified Copy & Certificate of Status DPY REQUIRED
FROM:		aig Kaminski	·
		e (Printed or typed) .ry Street Suite 204	
-		Address	
	West I	Palm Beach, FL 33401	
_	City	. State & Zip	
	Daytime *	Telephone number	
		ancial@gmail.com	
	E-mail address: (to be use	ed for future annual report r	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)

The name of the corporati	on shall be:	Trl Inc		
ARTICLE II PRINC			;	Mailing address, if different is:
700 S Ro	semary Street Suite 204		<del>700 S</del>	Rosemary Street Suite 204
700 S Rosemary Street Suite 204 West Palm Beach, FL 33401				est Palm Beach, FL 33401
	ann beden, i ii 55 to i			
ARTICLE III PURPO The purpose for which th	<u>SE</u> e corporation is organized is:	Const	ılting	
			<u></u>	SECRITAL
				AH.
				S
ARTICLE V INITIAL Name and Title: Address	LOFFICERS AND/OR DIRECTOR Timothy Randolph Lee, Dire 700 S Rosemary Street, Suite 204;	ctor Name		Timothy Randolph Lee, President 700 S Rosemary Street, Suite 204;
	West Palm Beach, FL 33401  Timothy Randolph Lee, Trea	surer		West Palm Beach, FL 33401  Timothy Randolph Lee, Secretary
Name and Title:		Name	and Title:	Timothy Kandolph Bee, Secretary
Address	700 S Rosemary Street, Suite 204; West Palm Beach, FL 33401	Addr	ess:	700 S Rosemary Street, Suite 204 West Palm Beach, FL 33401
Name and Title:		Name	e and Title:	:
Address		Addr	ess:	

Name an	d Title:	Name and Title:	
· Address		Address:	
	REGISTERED AGENT lorida street address (P.O. Box NOT acceptabl	e) of the registered agent is:	
Name:	Craig Kaminski	e, ar me registered agent is.	
Address:	700 S Rosemary Street Suite 204		SEI
. radicas.	West Palm Beach, FL 33401	<del></del>	SECRETALLA
			TARY OF AHASSE
ARTICLE VII	<u>INCORPORATOR</u>		AM 10: 49 OF STATE SSEE, FL
The name and a	ddress of the Incorporator is:		STA E. FI
Name:	Timothy Randolph Lee		' H 6
Address:	700 S Rosemary Street Suite 204		
	West Palm Beach, FL 33401		
ARTICI E VIII	EFFECTIVE DATE:		
Effective date, if	other than the date of filing:	(OPTIONA	L)
(If an effective of filing.)	late is listed, the date must be specific and ca	innot be more than five days	prior or 90 days after t
	inserted in this block does not meet the applic		nts, this date will not be l
the document's e	ffective date on the Department of State's reco	rds.	
	ned as registered agent to accept service of proce		
	fumiliar with and accept the appointment as reg		
usy (.a.	Krmine Kequired Signature/Registered Agent		04/01/2022 Date
	rument and affirm that the facts stated herein		
	Department of State constitutes a third degree fi		
	Thy Lee	. ,	