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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA PROFIT/NON PROFIT CORPORATION

Trunrth65 Inc.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	$78.75

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COVER LETTER

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

SUBJECT: Trunrth65 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

2023 JUL -8 PM 2:03

FROM: Sheila Jane Bonapace
Name (Printed or typed)

13748 Mandarin Rd.
Address

Jacksonville FL, 32223
City, State & Zip

908-510-1212
Daytime Telephone number

sheilaroo@me.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: Trunrth65 Inc.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address	Mailing address, if different is:
13748 Mandarin Rd., Jacksonville, FL 32223	43 East Ridge Rd., Skillman, NJ 08558

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Any Lawful Purpose

ARTICLE IV SHARES
The number of shares of stock is: 10,000 common shares with $.0001 par value; of which 100 shares will be Voting; and 9,900 shares will be Non-Voting

2022 JUL -8 P 2:03

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sheila Jane Bonapace, Director	Name and Title: Sheila Jane Bonapace, President
Address: 13748 Mandarin Rd. Jacksonville, FL 32223	Address: 13748 Mandarin Rd. Jacksonville, FL 32223
Name and Title: Sheila Jane Bonapace, Secretary	Name and Title: Sheila Jane Bonapace, Treasurer
Address: 13748 Mandarin Rd. Jacksonville, FL 32223	Address: 13748 Mandarin Rd. Jacksonville, FL 32223
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: Sheila Jane Bonapace

Address: 13748 Mandarin Rd.

Jacksonville, FL 32223

ARTICLE VII INCORPORATOR

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

Name: Courtney L. Scanlon - c/o Hodgson Russ LLP

Address: 140 Pearl Street, Suite 100

Buffalo, NY 14202

2023 JUL -8 PM 2:03

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

By: _____ 07/8/2022

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.

_____ 07/8/2022

Required Signature/Incorporator Date