

To:

Page: 2 of 4

2023-05-23 20:45:25 GMT

13056023977

From: Alex Pina

5/23/23, 4:42 PM

Division of Corporations

P23000040637

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000190185 3)))



H230001901853ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : ALEX PINA CO.
Account Number : 120190000095
Phone : (305)803-8471
Fax Number : (305)602-3977

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: client@alexpina.co

RECEIVED

2023 MAY 23 PM 4:49

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
PROFESSOR

FLORIDA PROFIT/NON PROFIT CORPORATION
TRINITY ENTERPRISES I CORP

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

2023 MAY 23 PM 1:38
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

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 Enterprises 1 Corp**ARTICLE II PRINCIPAL OFFICE**Principal street address
2080 Case RdMailing address, if different is:

_____LaBelle, FL 33935**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Any And All Lawful Purpose.

_____**ARTICLE IV SHARES**The number of shares of stock is: 10,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: MARIA C LLORCA - PRESIDENTAddress: 2080 Case Rd

LaBelle, FL 33935

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

FILED
2023 MAY 23 PM 1:38
SECRETARY OF STATE
TALLAHASSEE, FL

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: ALEX PINA CO.
 Address: 8400 NW 36TH ST STE 450
DORAL, FL 33166

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MARIA C LLORCA
 Address: 2080 Case Rd
LaBelle, FL 33935

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

[Signature] 05/23/2023
 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.

maria llorca 05/23/2023
 Required Signature/Incorporator Date

2023 MAY 23 PM 1:38
 SECRETARY OF STATE
 TALLAHASSEE, FL

FILED