

P23000076838

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

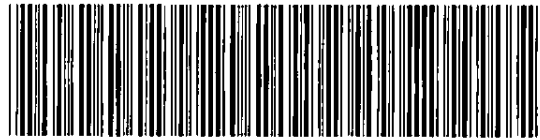
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10/18/2020 10:10:31 AM

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2023 OCT 20 PM 10:31  
CLERK OF SUPERIOR COURT  
MASSACHUSETTS

## COVER LETTER

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

SUBJECT: Trinity Investment and Insurance 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: Vincent E Falato  
Name (Printed or typed)

14968 Edgemere Dr  
Address

Spring Hill, FL 34609  
City, State & Zip

352-346-1001  
Daytime Telephone number

ve.falato1@gmail.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 Investment & Insurance Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

14968 Edgemere Dr  
Spring Hill, FL 34609

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Insurance Services

**ARTICLE IV SHARES**

The number of shares of stock is: 250,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Vincent E. Fialto President Name and Title: Secretary

Address: 14968 Edgemere Address:  
Spring Hill, FL 34609

Name and Title: John J. Stramiello Name and Title: Secretary

Address: 2506 Manchester St Address:  
Blacksburg, VA, 24060

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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CLERK OF DISTRICT COURT  
JACKSONVILLE, 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: Vincent E Faluto

Address: 14968 Edgemere Dr  
Spring Hill, FL 34609

**ARTICLE VII INCORPORATOR**

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

Name: Vincent E Faluto

Address: 14968 Edgemere Dr  
Spring Hill, FL 34609

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TALLAHASSEE, FL

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 10-20-2023 (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]  
Required Signature/Registered Agent

10/16/23  
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.*

[Signature]  
Required Signature/Incorporator

10/16/23  
Date

P23000074838  
Statutory Declaration

The State of Florida

County of Hernando

I, Vincent E Falato, of Spring Hill Florida, DO SOLEMNLY DECLARE THAT

- 1) I Started Trinity Investment and Insurance Inc. on 09/18/2018 and Became inactive On 09/22/2023.
- 2) I would like to release the name Trinity Investment and Insurance Inc. immediately.

All Statements made are of my own knowledge and are true that all statements made on information are believed to be true

I Declare under penalty & perjury that the forgoing  
is true and correct. Executed on this 16  
Day of October 2023.

State of Florida

County of Hernando

SUBSCRIBED AND SWORN BEFORE ME  
BY MEANS OF ☒ PHYSICAL PRESENCE  
OR ☐ ONLINE NOTARIZATION ON THE 16<sup>th</sup> DAY  
October 2023..

Signature V E Falato

Vincent E Falato

Signature Natasha L Russell (seal)  
Notary Public

My Commission expires May 28, 2024

