

P95000040583

LAW OFFICE

MINKOFF & McDANIEL

A PROFESSIONAL ASSOCIATION

MARY M. McDANIEL
SANFORD A. MINKOFF
OF COUNSEL
C. WEIBORN DANIEL

May 19, 1995

226 WEST ALFRED STREET
TAVARES, FLORIDA 32778
PHONE (904) 343-2600
FAX (904) 343-4735

303 NORTH HIGHWAY 27, UNIT B
POST OFFICE BOX 686
MINNEOLA, FLORIDA 34755
(904) 242-2600

Attorney's Title Insurance Fund, Inc.
Leon Branch
660 East Jefferson Street, Suite 200
Tallahassee, Florida 32301
Attention: Julia

Return
To

RE: Trentco, Inc.

ENCLOSURE 1-451641581
-05/23/95--01034--013
***122.50 ***122.50

Dear Julia:

Enclosed please find the Articles of Incorporation for Trentco, Inc. which my secretary, Melissa, spoke to you about on Friday. Also enclosed is a copy of the articles for certifying and returning and a check made payable to the Secretary of State for \$122.50. Please file these Articles as soon as possible and call my office with the corporation number.

If you have any questions please contact my office. Thank you.

Sincerely yours,

MINKOFF AND McDANIEL, P.A.

Sanford A. Minkoff

EFFECTIVE DATE

5-19-95

enclosure

May 19, 1995
F:\APPL\WP51\BAM\CORPS\FORMS\ATIF.LST

DMC
5/23/95

FILED
95 MAY 23 PM 12:16
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATION
95 MAY 23 PM 10:12
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF
TRENTCO, INC.

FILED

95 MAY 23 PM 12:16

SECRETARY OF STATE
CORPORATION UNDER FLORIDA

The Undersigned, acting as incorporator of a corporation under the Florida General Corporation Act, adopt the following articles of incorporation for such corporation:

1. The name of the corporation is TRENTCO, INC. and the initial principal address of the corporation is 226 West Alfred Street Tavares, Florida.

EFFECTIVE DATE

2. The period of its duration is perpetual. The corporate existence of the corporation shall commence on May 19, 1995.

5-19-95

3. The purpose or purposes for which the corporation is organized are to engage in any activity or business permitted under the laws of the United States and of the State of Florida.

4. The corporation shall have the authority to issue 7500 shares, all of one class, one dollar par value.

5. The address of its initial registered office is 226 West Alfred Street Tavares, Florida and the name of its registered agent is Sanford A. Minkoff.

6. All corporate powers shall be exercised by or under the authority of, and the business and affairs of the corporation shall be managed under the direction of the shareholders.

7. The names and addresses of the incorporators are:

NAME	ADDRESS
Sanford A. Minkoff Tavares, Florida	226 West Alfred Street

DATED THIS 19 DAY OF May, 1995.

Sanford A. Minkoff

STATE OF FLORIDA
COUNTY OF LAKE

Before me, the undersigned authority, personally appeared Sanford A. Minkoff, who is to me well known to be the person described and who subscribed the above articles of incorporation, and he did freely and voluntarily acknowledge before me according to law that he made and subscribed the same for the uses and purposes therein mentioned and set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and my official seal, at Tavares, in said County and State this 19 day of May, 1995.

Melissa C. Wilhelm
NOTARY PUBLIC
STATE OF FLORIDA

My commission expires:

MELISSA C. WILHELM
Printed Name



DESIGNATION AND ACCEPTANCE OF RESIDENT AGENT

FILED

In compliance with Section 48.091, Florida Statutes, the following is submitted:

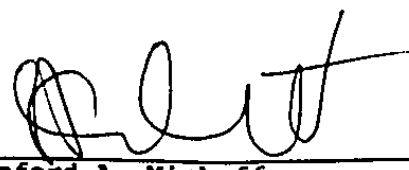
95 MAY 23 PM 12:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. That TRENTCO, INC. is desiring to organize or qualify under the laws of the State of Florida, with its principal place of business in Minneola, Florida, has named Sanford A. Minkoff at 226 West Alfred Street Tavares, Florida, as its agent to accept service of process within Florida.


TRENTCO, INC.
by its Incorporator

FILED
95 MAY 23 PM 12:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named to accept service of process for the above stated corporation, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.


Sanford A. Minkoff

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

96 OCT 21 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000040583**

1. Corporation Name

TRENTCO, INC.

Principal Place of Business

**226 W ALFRED STREET
TAVARES FL**

Mailing Address

**226 W ALFRED STREET
TAVARES FL**

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

305-A N. Hwy 27

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

05/19/1985

5. FCI Number

☒ Applied For
☐ Not Applicable

City & State

Clermont, FL 34711

City & State

Zip

34711

Country

USA

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
Pres.	Scott Brockie	305-A N. Hwy 27	Clermont, FL 34711

000001986310--6
-10/29/96--01039--002
****375.00 ****375.00

10/10/22

8. Name and Address of Current Registered Agent

**MINKOFF, SANFORD A
226 W ALFRED STREET
TAVARES FL**

9. Name and Address of New Registered Agent

Name

Scott Brockie

Street Address (P.O. Box Number is Not Acceptable)

305-A N. Hwy 27

Suite, Apt. #, Etc.

City

Clermont

State

FL

Zip Code

34711

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature] **President**

REGISTERED AGENT MUST SIGN

Date **10-16-96**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature] **President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10-16-96**

Daytime Phone #

(352)242-0400