

1/15/2021

P21000003172

Division of Corporations  
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.

((H21000021589 3)))



H210000215893ABC

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 : TPBS CORP  
Account Number : I20190000112  
Phone : (786)389-2779  
Fax Number : (305)356-3688

2021 JAN 19 PM 3:14

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

Email Address: casoisabet@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION  
TRUST WAY COMMUNITY CENTER INC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$78.75

2021 JAN 19 AM 10:53

Electronic Filing Menu

Corporate Filing Menu

Help

*Handwritten signature and date: 1-20-21*

**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: TRUST WAY COMMUNITY CENTER INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

18571 SW 93 AVE

CUTLER BAY, FL 33157

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: ISABEL CASO PRESIDENT Name and Title: \_\_\_\_\_

Address 18571 SW 93 AVE Address: \_\_\_\_\_

CUTLER BAY, FL 33157 \_\_\_\_\_

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

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

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

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

202 Jan 19 3:13 PM '21

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: ISABEL CASO

Address: 18571 SW 93 AVE  
CUTLER BAY, FL 33157

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ISABEL CASO

Address: 18571 SW 93 AVE  
CUTLER BAY, FL 33157

2021 JAN 19 11:03 AM


**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*

	<u>01-15-2021</u>
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.*

	<u>01-15-2021</u>
Required Signature/Incorporator	Date