# P03000037611

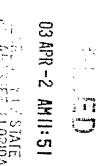
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
{				

Office Use Only



500013331735

##78.75 \*\*\*78.75



VI

# TRANSMITTAL LETTER

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

SUBJECT: Trinity Support Coordination Inc. & Associates				
	(PROPOSED CORPORA	TENAME - MUSICING	UD)MSU(gaX)	
Enclosed are an orig	rinal and one (1) copy of the ar	ticles of incorporation and	d a check for:	
\$70.00	<b>\$78.75</b>	\$78.75	<b>\$87.50</b>	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
Time 1 co	& Certificate of Status	& Certified Copy	Certified Copy	
	& Certificate of Blades	at Calanian copy	& Certificate of	
			Status	
		ADDITIONAL CO		
		ADDITIONALCE	N I REQUIRED	
FROM:	Alisa P. Seymore			
	Name (Printed or typed)			
	P. O. Box 351592			
Address				
	indiana dia El 20025	4500		
	Jacksonville, FL. 32235-1592			
	City, State & Zip			
	(904) 744-3227			
	Daytime	Telephone number		

NOTE: Please provide the original and one copy of the articles.



# FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

March 11, 2003

ALISA P. SEYMORE P.O. BOX 351592 JACKSONVILLE, FL 32235-1592

SUBJECT: TRINITY SUPPORT COORDINATION INC. & ASSOCIATES

Ref. Number: W03000007035

We have received your document for TRINITY SUPPORT COORDINATION INC. & ASSOCIATES and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as Registered Agent.)

The registered agent must sign accepting the designation.

You must list the corporation's principal office and/or a mailing address in the document.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Valerie Ingram
Document Specialist
New Filings Section

Letter Number: 203A00015373

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

## ARTICLE I

The name of the corporation shall be:

Trinity Support Coordination Services Inc. & Associates

JECKETARY OF STATE TALLAHASSEE, FLORIDA

03 APR -2 AM II: 51

#### PRINCIPAL OFFICE ARTICLE II

The principal place of business/mailing address is:

P. O. Box 351592 Jacksonville FL. 32235-1592

#### ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

To assist persons in determining and accessing support services needed to assist them in reaching their goals. These activites are not limited and the corporation may extend its activities to any related or permissible lawful business necessary and profitable

#### ARTICLE IV SHARES

The number of shares of stock is:

100 of common stock

# ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Alisa P. Seymore

3432 Uphill Terrace

Jacksonville, FL 32225

Zellene Pollard

1219 Dyal Street

Jacksonville, FL. 32206

Dessie Pollard 1219 Dval Street

Jacksonville, FL. 32225

#### REGISTERED AGENT ARTICLE VI

The name and Florida street address of the registered agent is:

Zellene Pollard 1219 Dval Street Jacksonville, FL.32206

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Alisa P. Seymore 3432 Uphill Terrace Jacksonville, FL.32225

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/Registered Agent

Signature/Incorporator