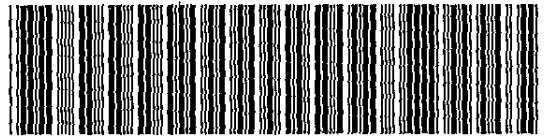


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11/30/04--01014--021 **87.50

(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:

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 NOV 30 PM 12: 30

FILED

11-30

TRANSMITTAL LETTER

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

SUBJECT: Trinity Support Services Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate of Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM:

Betty Lovett

Name (Printed or typed)

4000 Buster Rd

Address

Tallahassee, Fl. 32305

City, State & Zip

(850) 942-0132

Daytime Telephone number

04 NOV 30 PM 12:30
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 Support Services Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

4000 Buster Rd
Tallahassee, FL 32305

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Med-Wavier Provider

ARTICLE IV SHARES

The number of shares of stock is:

(1)

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Bethye Lovett - Director
4000 Buster Rd
Tallahassee, FL 32305

ARTICLE VI REGISTERED AGENT

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

Bethye Lovett
4000 Buster Rd.
Tallahassee, FL 32305

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Bethye Lovett
4000 Buster Rd
Tallahassee, FL 32305

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04 NOV 30 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Effective date
Jan. 1, 2005

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

Bethye Lovett
Signature/Registered Agent

11/30/04
Date

Bethye Lovett
Signature/Incorporator

11/30/04
Date