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2010 APR 30 PM 4:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1 March MAY 3 2010

## COVER LETTER

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

**SUBJECT:** Transitional Support Services, 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:** Transitional Support Services, Inc.  
Name (Printed or typed)

5320 North Pearl Street  
Address

Jacksonville, Florida 32208  
City, State & Zip

904-355-6797  
Daytime Telephone number

RGaffney@northwestss.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:

Transitional Support Services, Inc.

## **ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

5320 North Pearl Street  
Jacksonville, Florida 32208

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To employ/support individuals living with chronic mental illness

## **ARTICLE IV SHARES**

The number of shares of stock is:

One Share of Stock

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

List name(s), address(es) and specific title(s):

Reginald Gaffney  
5320 N. Pearl Street  
Jacksonville, Fla. 32208

## **ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Jimmie P. Hicks  
2141 Ardencroft Drive Jacksonville, Florida 32246

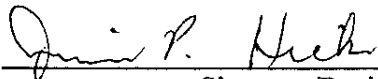
## **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Reginald Gaffney-5230 N. Pearl St. Jacksonville, Florida 32208

\*\*\*\*\*

*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

4-12-10

Date



Signature/Incorporator

4/22/10

Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA