

Fee

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8456311582

From

6-26-96

1130-9911-3

TOM GILCHRIST

904-784-0869

CROSSROADS/THE RECOVERY CENTER

2121 LISENBY AVE

PANAMA CITY

FL 32405

400001878584

-06/28/96--01003--005

Office Use Only *****70.00 *****70.00

CORPORATION NAME(S) & DOCUMENT

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

FILED
96 JUN 27 PM 1:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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Examiner's Initials	
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96 JUN 27 PM 1:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR RESERVATION OF CORPORATE NAME

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

Division of Corporations:

Pursuant to the provisions of Section 607.0402 of the Florida Business Corporation Act, the undersigned hereby applies for reservation of the following name for a period of 120 days:

NAME: TRANSITIONAL MANAGEMENT, INC.

Enclosed is a check/money order in payment of the required fee.

SIGNED: *Tony L. Gilchrist*

From:

Tony L. Gilchrist
Name

2121 Lisenby Avenue
Address

Panama City, Florida 32405
City State Zip

904-784-0869
Telephone Number

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96 JUN 27 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF

TRANSITIONAL MANAGEMENT, INC.

ARTICLE I NAME

The name of the corporation shall be: TRANSITIONAL MANAGEMENT, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

2121 Lisenby Avenue

Panama City, Florida 32405

904-784-0869

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100_____.

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Tony L. Gilchrist

2121 Lisenby Avenue

Panama City, Florida 32405

ARTICLE V INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

Tony L. Gilchrist

2121 Lisenby Avenue

Panama City, Florida 32405

904-784-0869

The undersigned has executed these Articles of Incorporation this
26th day of June 1996.

Tony L. Gilchrist

Tony L. Gilchrist, Incorporator

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

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96 JUN 27 PM 1:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of Section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is:

TRANSITIONAL MANAGEMENT, INC.

2. The name and address of the registered agent and office is:

Tony L. Gilchrist

2121 Lisenby Avenue

Panama City, Florida 32405

904-784-0869

Signature: Tony L. Gilchrist

Title: CEO

Date: June 26, 1996

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Signature: Tony L. Gilchrist

Date: June 26, 1996