## POIOGRANSMARILE 300

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

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

SUBJECT:	PROPOSED CORPORAT	TE NAME - MUST INCLI	Solutio DE SUFFIX	os Inc
300003929893—7 -03/29/01—01081—014 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  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: Carolyn King Name (Printed or typed)				
	Boca Rayo	ddress —	33433	
	56   - UB2  Daytime Tel	tephone number		<b>.</b>

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

CB-3-29

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:  ASSOCIATE Claims Solutions Inc
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:
23281 Noel way Boca Raton, 71a  ARTICLE III PURPOSE 33433
The purpose for which the corporation is organized is:
medical claims Billing
ARTICLE IV SHARES The number of shares of stock is: 10,000
ARTICLE V INITIAL OFFICERS DIRECTORS (optional)  The name(s) and address(es):
23381 nochway
ARTICLE VI REGISTERED AGENT
The name and Florida street address of the registered agent is:  Carolyn King  Carolyn King  Carolyn King  A3081 NORL Way BoxaRadon, 41. 3343
ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Carolyn King Boca Ration, 71,83433
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certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity  Signature/Registered Agent  Date
Carolina & Keing  Signature/Incorporator  Date