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TRANSMITTAL LETTER

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

SUBJECT: M 8	& S Medicare Services, Inc.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDASUITAX)
Enclosed are an orig	rinal and one (1) copy of the art	icles of incorporation and	d a check for:
\$70.00 Filing Fee	2 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM:	Larry C. Motto	(Printed or typed)	
	205 Katherine Blvd. Suite		<u>.</u>
	Palm Harbor, Florida 346	84 State & Zip	
	727-771-8270	Celephone number	

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:

M & S Medicare Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Post Office Box 6140 Palm Harbor, Florida 34684

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Sell Insurance

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Larry C. Motto CEO and Director Robert G. Stevens COO and Director

ARTICLE VI REGISTERED AGENT

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

Larry C. Motto 205 Katherine Blvd. Suite 1101 Palm Harbor, Florida 34684

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Larry C. Motto 205 Katherine Blvd. Suite 1101 Palm Harbor, Florida 34684

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

Payle. motto	03-14-2003
Signature/Registered Agent	Date
lary & motto	03-14-2003
Signature/Incorporator	Date

CHINAL LINE OF SHIPTIONS