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TALLANA GE, FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT: Acc	cuClaim, Inc.			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	· ·
Enclosed are an original	ginal and one (1) copy of the arti	icles of incorporation and	d a check for:	
	· · · · · · · · · · · · · · · · · · ·			
☐ \$70.00 Filing Fee	☑ \$78.75 Filing Fee	\$78.75 Filing Fee	\$87.50	
rung rec	& Certificate of Status	& Certified Copy	Filing Fee, Certified Copy	
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		ADDITIONAL CO	Status PV REQUIRED	
		7,001,101,101	7 - REQUIRED	
FROM:	Linda Martin	. 42-		مدررة
7 101VI	Name (Printed or typed)			
	P.O. Box 358071		**	
-		Address	· · · · · · · · · · · · · · · · · · · 	
	Gainesville, Florida 32635-8071			
-	City,	State & Zip		
	352/379-8240			
-	* 1 . 4	elephone number		ি _হ ুমান কৰিব কিছে

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

FILED ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) 03 JUN -4 AM 7: 35 NAME SECRE PART OF STATE The name of the corporation shall be: TALLAHASSEE, FLORIDA AccuClaim, Inc. PRINCIPAL OFFICE ARTICLE II The principal place of business/mailing address is: P.O. Box 358071 Gainesville, Florida 32635-8071 ARTICLE III **PURPOSE** The purpose for which the corporation is organized is: Billing Service ARTICLE IV SHARES The number of shares of stock is: 10 ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: Linda Martin 5304 NW 26th Place Gainesville, Florida 32606 INCORPORATOR The name and address of the Incorporator is: Linda Martin 5304 NW 26th Place Gainesville, Florida 32606 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 6/3/2003 Date

6/3/2003 Date