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COVER LETTER

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

SUBJECT: Acciden	t & Injury Clinic Inc. (PROPOSED CORPOR	ATE NAME – <u>MUST INC</u> L	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles 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 PPY REQUIRED
FROM: Ha	arry Vassilakis Name	e (Printed or typed)	
	807 Beville Road	Address	
	South Daytona, Florida 32119 Cit	y, State & Zip	
	3862128612	Telephone 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)

09 JAN 12 PM 2:53

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I

The name of the corporation shall be:

Accident & Injury Clinic Inc.

PRINCIPAL OFFICE ARTICLE II

The principal street address and mailing address, if different is: 807 Beville road, south daytona Florida 32119

ARTICLE III *PURPOSE*

The purpose for which the corporation is organized is: Any and All lawful business

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): Harry Vassilakis, CEO 5311 Georgia Peach Avenue Port Orange Florida 32128

REGISTERED AGENT ARTICLE VI

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Harry Vassilakis 5311 Georgia Peach Avenue Port Orange Florida 32128

INCORPORATOR ARTICLE VII

The name and address of the Incorporator is: Harry Vassilakis

Signature/Incorporator

5311 Georgia Peach Avenue Port Orange Florida 32128

**************************************	**************************************
	01/09/2009
Signature/Registered Agent	Date
	01/09/2009
Signature/Incorporator	Date