## P11000031225

(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Statu	s
Special Instructions to Filing Officer:	
01/3/30	
Mr.	

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## **COVER LETTER**

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

SUBJECT: Matt Mule', P.A.			
(PROPOSED CORPORA	ΓΕ NAME – <u>MUST INC</u>	LUDE SUFFIX)	
Enclosed are an original and one (1) copy of the arti	cles of incorporation an	nd a check for:	
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of	
	ADDITIONAL C	Status OPY REQUIRED	
FROM: Matthew J. Mule'			
Name	(Printed or typed)	TAL	~
13014 N. Dale Mabry Hw	v: #357	CR.	2011 MAR
A	ddress	AS A	量工
Tampa, Florida 33618-2	808 US State & Zip	SEE. FLO	28 A
813-964-8888  Daytime Te	lephone number		بر م
drmjmule@yahoo.com E-mail address: (to be used	for future annual report	notification)	,

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

**Division of Corporations** 

850-245-6804- Fax

Attn: Justin

March 24, 2011

Matthew J. Mulé

13014 N. Dale Mabry Hwy

#357

Tampa, FL 33618-2808

Tele 813-964-8888

Fax: 813-964-8801

drmjmule@yahoo.com

201 MAR 28 A 7 31
SECRETARY OF STATE
TALLAHASSEF, FI ORIO

WAIVER OF CLAIM TO PRIOR NAME

I do hereby represent that I am the same owner(s) of the previous / dissolved P.A. (Matt Mule', P.A.) and that I am hereby releasing the name to be used to the new corporation being sought to be obtained in the name of Matt Mule', P.A.

Please allow this letter to serve as my representation that the owner(s) of Matt Mule', P.A. to do hereby consent and fully waive any and all claim to the use of that name by Matt Mule', P.A. that may be necessary in order for Matt Mule', P.A. to obtain / register / file that name / entity with the Florida Division of Corporations:7

Cordially

∕Matthew Mule′

Matt Mule', P.A.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I The name of the corp	NAME Matt Mule', P.A. oration shall be:						
1 <u>3</u> #3	PRINCIPAL OFFICE  Principal street address 014 N. Dale Mabry Hwy.  57  mpa, Florida 33618-2808 US	N	Mailing address, if different is:				
Realty Service Medical Service Legal Services Financial, Inve Collection & In ARTICLE IV S The number of shares  ARTICLE V I Name and Title Address:	ch the corporation is organized is: s es estment, & Consulting Services vestigative Services	Name and Title: Address:	4	SECRETARY OF STATE	2011 NAR 28 A ∓ 38		
Address:  Name and Title	*Mark J. Mule' (Title: VP, D)  13014 N. Dale Mabry Hwy  #357  Tampa, Florida 33618-2808 US	_ Address:					
	EGISTERED AGENT la street address (P.O. Box NOT acceptable) of Matt Mule' 13014 N. Dale Mabry Hwy; #357 Tampa, Florida 33618-2808 US	the registered agen					
The <u>name and addre</u> Name: Address:	wcorporator ss of the Incorporator is: Matthew J. Mule' 13014 N. Dale Mabry Hwy; #357 Tampa, Florida 33618-2808 US	- - -					
this certificate, I am.	as registered agent to accept service of process applicant with and accept the appointment as regional formation of the appointment as regional formation of the following services are and affirm that the facts stated herein are	istered agent and ag	gree to a	ict in this	<i>capacity</i> 4-2011 D	ate	
document to the begin	artment of State constitutes a third degree felony	as provided for in	s.817.1:	55, F.S.	<u> 24-201</u>		