

P05000019552

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

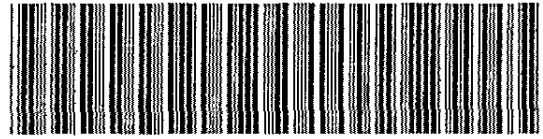
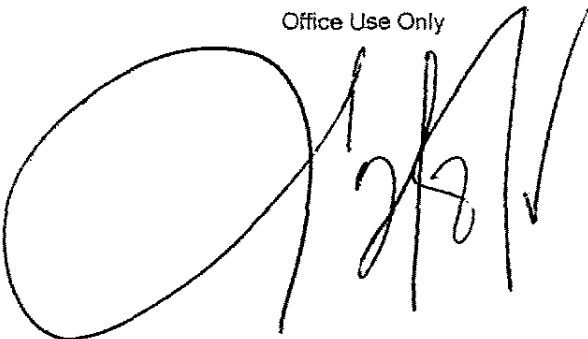
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT: ONE STOP RECORD SERVICES, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: ONE STOP RECORD SERVICES, INC.
Name (Printed or typed)

600 1/2 SILVERTON ST.
Address

ORLANDO, FL 32808
City, State & Zip

(407) 523-6511
Daytime 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)

ARTICLE I NAME

The name of the corporation shall be:

ONE STOP RECORD SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

600 1/2 SILVERTON ST.
ORLANDO, FL 32808

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

RELEASE OF INFORMATION
MEDICAL RECORD SERVICES

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

KATHRYN BREANN BIBBY
4125 SUNVIEW CT.
KISSIMMEE, FL 34746

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

KATHRYN BIBBY
4125 SUNVIEW CT.
KISSIMMEE, FL 34746

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

KATHRYN BIBBY
4125 SUNVIEW CT.
KISSIMMEE, FL 34746

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

Kathryn Bibby
Signature/Registered Agent

1-28-05
Date

Kathryn Bibby
Signature/Incorporator

1-28-05
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA