P09000023259

(Requestor's Name)			
(Address)			
` ,			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
	_		
PICK-UP WAIT	MAIL		
(Business Entity Name	,		
(Dasiness Linky Warne	,		
(Document Number)			
Certified Copies Certificates o	f Status		
Special Instructions to Filing Officer:			
	i		

Office Use Only



100143886891

02/20/09--01008--018 **78.75

09 WM B R + 93

Pho

COVER LETTER

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

SUBJECT: Comple	te Solutions, Inc. (PROPOSED CORPOR	ATE NAME – <u>MUST INCI</u>	LUDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	l 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 PY REQUIRED
FROM: W	illiam Bew	(Deinted on the od)	
	11111-70 San Jose Blvd. Suite Jacksonville, Florida 32223	#174 Address y, State & Zip	
	904-813-5945	Telephone number	

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 23, 2009

WILLIAM BEW 11111-70 SAN JOSE BLVD, SUITE #174 JACKSONVILLE, FL 32223

SUBJECT: COMPLETE SOLUTIONS, INC.

Ref. Number: W09000008430

We have received your document for COMPLETE SOLUTIONS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Paisley A Alford Clerk New Filing Section

Letter Number: 009A00006200

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 Complete Solution, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

11111-70 San Jose Blvd., Suite 174, Jacksonville, Florida 32223

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide business with answers to increase profits through training and consulting.

ARTICLE IV SHARES

The number of shares of stock is: 1,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

William Bew 11431 Lumberjack Circle West, Jacksonville, Florida 32223 President/Secretary Rhonda Harmon 8000 Research Forest Drive, Ste. 115-246, Woodlands, Texas 77386 Vice-President/Tresurer

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box **NOT** acceptable) of the registered agent is: William Bew 11431 Lumberjack Circle West, Jacksonville, Florida 32223

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: William Bew 11431 Lumberjack Circle West, Jacksonville, Florida 32223

Signature/Registered Agent

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

3/5/9

3/5/09