(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

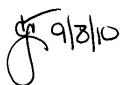
Office Use Only

2544 W10000039936



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08/23/10--01030--016 **78.75



COVER LETTER

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

Tallanassee, FL 32314					
SUBJECT: One Stop Accorporate	OUNTINGS	Service UDE SUFFIX)	_[;	NC	
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:					
\$70.00 \$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: Stacy Kindred Name (Printed or typed)					
P.O. Box 680643					
A	ddress				
Miami, F/	33168		~>	CD:	
786-426-0806			2010 AUG	NOISIVII	
Daytime Te	lephone number		ယ်	목포	

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

LSKINDRED@ comcost. net T E-mail address: (to be used for future annual report notification)



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

10 AUG 30 PM 2: 01

DIVISION OF CORPORATIONS

August 24, 2010

STACY KINDRED POST OFFICE BOX 680643 MIAMI, FL 33168

SUBJECT: ONE STOP ACCOUNTING SOLUTIONS INC.

Ref. Number: W10000039936

We have received your document for ONE STOP ACCOUNTING 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 existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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) 245-6973.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 610A00020317

•	Strictor of Com State
ARTICLE I NAME The name of the corporation shall be:	2010 AUG 30 PM 3: 36
The name of the corporation shall be.	C ison Too
One Stop Accounti	ng Services Like.
ARTICLE II PRINCIPAL OFFICE	
The principal street address and mailing address, if different 3540 N.W. 194 tem Miamir	F/ 33056
P.O. BOX 680643 Miami, F	1 231/18
ARTICLE III PURPOSE	7 33100
The purpose for which the corporation is organized is:	
ANY AND ALL LAWFU.	L BUSINESS
ARTICLE IV SHARES	
The number of shares of stock is:	
100	
ARTICLE V INITIAL OFFICERS AND/OR DIF	RECTORS
List name(s), address(es) and specific title(s):	5 F/ 33/1/8
List name(s), address(es) and specific title(s): Stocy Kindred P.O. BOX U	08043 NIami, 1 33,00
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT acce	
Stocy Kindred 3540 N.V	v. 194 ten Miami, F/ 33056
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	-11.01.101.201
Stacustindred POB	0x 680643 Miami, Fl 3316
56669 101.01.60 11.5	
**********	**********
Having been named as registered agent to accept service	
place designated in this certificate, I am familiar with an agree to act in this capacity	nd accept the appointment as registered agent and
agree to uci in inis capacity	1 -1
Macy Xindred	8/27/10
Signature/Registered Agent	Date
SHACLI TX MARION	8/27/10
// Signature/Incorporator	/ Dage

ARTICLES OF INCORPORATION

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