(Requestor's Name) 3320 S.W. 87th AVENUE (Address) MIAMI, FLORIDA (305)552-5973 (City, State, Zip) (Phone #) LOCAL REPRESENTATIVE TALLAHASSEE OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known 2. (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Pick up time Certified Copy Mail out Will wait Photocopy Certificate of Status NEW FILINGS AMENDMENTS Profit Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/ QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Other Examiner's Initials

CR2E031(9/92)



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

December 14, 1998

LAZARUS

MIAMI, FL

SUBJECT: THE ACCCOUNTING SOLUTION, INC.

Ref. Number: W98000027931

We have received your document for THE ACCCOUNTING SOLUTION, INC.. However, the document has not been filed and is being returned for the following:

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. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return the 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) 487-6934.

Loria Poole Corporate Specialist

Letter Number: 298A00058865

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

The Accounting Solution SERVICE TIES

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

617 S.W. 57 AVENUE MAMI, Florida 33144

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1,000.-100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Luis J. REALPOZO 6175.W. 57 AVENUE MIAMI, Florida 33144

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Luis J. Real pozo, Phesident

Sonia M. Viteri, Vice-Phesident

617 S.W. 57 AVENUE

Mirami, 71, 33144

ARTICLE VI DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is(are):

Luis J. REALPOZO, PRESIDENT 617 S.W. 57 AVE MIAMI, FI. 33144 SONIA M. VITERI, VICE. PRESIDENT 617 S.W. 57 AVE MIAMI, FI. 33144

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this ____// ___ day of _________, 19 98.

Signature President

Signature Vice-President

Signature

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1.	The name of the corporation is:	Th€	ACCOUNTING	SoluTion.
	Service, FAC.			

2. The name and address of the registered agent and office is:

Luis J. REAL POZO

(NAME)

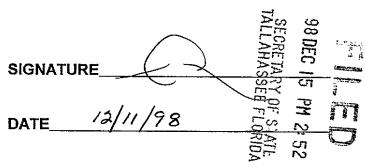
617 S.W. 57 AVENUE

(P.O. BOX NOT ACCEPTABLE)

MIAMI Florida 33144

(CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.



REGISTERED AGENT FILING FEE: \$35.00