

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

REGISTRATION# G10000111316

Fictitious Name to be Registered: DIVERSIFIED ACCOUNTING SOLUTIONS

Mailing Address of Business: 1086 MCKINNON AVE
OVIEDO, FL 32765

Florida County of Principal Place of Business: MULTIPLE

FEI Number:

FILED
Dec 06, 2010
Secretary of State

Owner(s) of Fictitious Name:

POIRIER, DONNA M
1086 MCKINNON AVE
OVIEDO, FL 32765

I the undersigned, being an owner in the above fictitious name, certify that the information indicated on this form is true and accurate. I further certify that the fictitious name to be registered has been advertised at least once in a newspaper as defined in Chapter 50, Florida Statutes, in the county where the principal place of business is located. I understand that the electronic signature below shall have the same legal effect as if made under oath and I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, Florida Statutes.

DONNA M POIRIER

12/06/2010

Electronic Signature(s)

Date

Certificate of Status Requested (X)

Certified Copy Requested ()