

P04000068833

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

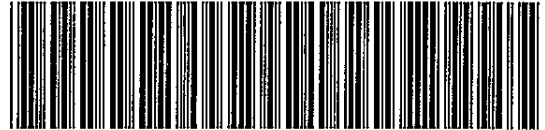
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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## TRANSMITTAL LETTER

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

SUBJECT: A+NETWORK SYSTEMS SERVICES, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the articles of incorporation an 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

**ADDITIONAL COPY REQUIRED**

FROM : ANGEL ARAUJO

Name ( Printed or typed )

14629 SOUTH WEST, 104 STREET # 427

Address

MIAMI, FLORIDA 33186

City, State & Zip

(786) 426-4053

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:

**A+NETWORK SYSTEMS SERVICES, INC.**

## ARTICLE II - PRINCIPAL OFFICE

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

**14629 SOUTH WEST, 104 STREET # 427**

**MIAMI, FLORIDA 33186**

## ARTICLE III - PURPOSE

The purpose for which the corporation is organized is :

**THE CORPORATION IS ORGANIZED FOR THE PURPOSE OF ENGAGING IN ANY  
ACTIVITY OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES  
AND THE STATE OF FLORIDA.**

## ARTICLE IV - SHARES

The Number of shares of stocks is :

**100 SHARES OF COMMON STOCKS AT \$ 1.00 PAR VALUE**

## ARTICLE V - INITIAL DIRECTORS/OFFICERS (optional)

The Corporation shall have 3 directors initially. The number of directors may increased or diminished from time to time as provided of by the Bylaws.

The name and address of the initian directors of this corporation is :

Name:

**ANGEL ARAUJO**

Address:

**14629 S.W. 104 STREET, # 427  
MIAMI, FLORIDA 33186**

Title:

**P,VP,T**

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**ARTICLE VI - REGISTERED AGENT AND STRET ADDRESS**

The name and Florida Street address of the registered agent is :

ANGEL ARAUJO  
14629 S.W. 104 STREET, # 427  
MIAMI, FLORIDA 33186

**ARTICLE VII - INCORPORATOR**

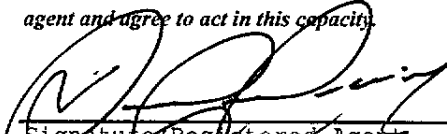
The name and address of the Incorporator is: :

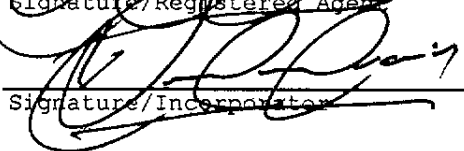
ANGEL ARAUJO  
14629 S.W. 104 STREET, # 427  
MIAMI, FLORIDA 33186

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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*Having been named as registered agent to accept service of process for the above stated corporation at the pace designated in the certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.*

  
\_\_\_\_\_  
Signature/Registered Agent

  
\_\_\_\_\_  
Signature/Incorporator

03/13/04  
Date

03/13/04  
Date

\_\_\_\_\_  
Signature/Incorporator

03/13/04  
Date