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### **CORPORATE FILING SERVICE**

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CORPORATION NAME(S) & DOC	CUMENT NUMBER(S), (if I	known):
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Walk in Pick up time	2.0	Certified Copy
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NEW FILINGS	<u>AMENDMENTS</u>	
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger	
OTHER FILINGS	REGISTRATION/QUALIFICATION	
Annual Report Fictitious Name	Foreign Limited Partnersh Reinstatement Trademark Other	nip
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#### 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:

American University Network INC

#### **ARTICLE II - PRINCIPAL OFFICE**

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

6570 SW 12 St Apt 1 West Miami, FL, 33144

#### **ARTICLE III - SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 shares of stock

#### ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Miguel Manresa 6570 SW 12 St Apt 1 West Miami, FL, 33144

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#### ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of
Incorporation is:
Miguel Manresa 1-VI-3
Miguel Manresa P-VP-S 6570 SW 12 ST APT 1
West Miami, FL 33144
The undersigned incorporator has executed these Articles of

mmant.
Signature

200**8.** 

#### **ARTICLE VI- DIRECTOR (S)**

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

Miguel Manresa President/VP/Sec.

6570 SW 12 St Apt 1

West Miami, FL 33144

Incorporation this 9 day of

#### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related 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 Signature