

P10000089290

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

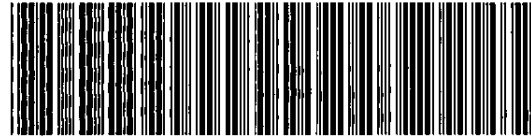
(Business Entity Name)

(Document Number)

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

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2010 OCT 29 PM 2:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch NOV 3 2010

## TRANSMITTAL LETTER

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

SUBJECT: American Website Services Corp.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

**ADDITIONAL COPY REQUIRED**

FROM: American Website Services Corp  
Name (Printed or typed)

7891 West Flagler St. #499

Address

Miami, FL 33144

City, State & Zip

786.470.7346

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:

American Website Services Corp

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

7891 West Flagler Street # 499  
Miami, FL 33144

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Computer and Web Services

## ARTICLE IV SHARES

The number of shares of stock is:

01

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Juan Aranda  
7891 W. Flagler St #499  
Miami, FL 33144

## ARTICLE VI REGISTERED AGENT

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

Juan Aranda  
7891 W. Flagler St #499  
Miami, FL 33144

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Juan Aranda  
7891 W. Flagler St #499  
Miami, FL 33144

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

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

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

*Oct 4/10*  
Date

*Oct 4/10*  
Date

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Signature/Registered Agent

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Signature/Incorporator

*Oct. 4/10.*  
\_\_\_\_\_  
Date

*Oct. 4/10.*  
\_\_\_\_\_  
Date