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	(Req	uestor's Name)	
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!	(City/	State/Zip/Pho	ne #)	
PICK-UP)	☐ WAIT		MAIL
-	(Busi	ness Entity Na	ame)	
((Doct	ument Numbe	r)	
Certified Copies		Certificate	es of Stat	us
Special Instructions	to Fi	ling Officer:		
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Office Use Only



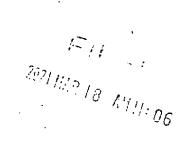
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COVER LETTER

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



	(PROPOSED CORPORA	ATE NAME – <u>MŪST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	l a check for:
□ \$70.00 Filing Fee	☑ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy & Certificate of
		ADDITIONAL CO	Status PPY REQUIRED

FROM:	Anderson, Jully		
	Name (Printed or typed)		
	, , , , , , , , , , , , , , , , , , ,		
	Address		
	1308 S. Semoran Boulevard		
	Orlando, FL 32807		
	City. State & Zip		
	407 - 543 - 7098		
-	Daytime Telephone number		
	·		
	E-mail address: (to be used for future annual report notification).		

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)

TICLE II PRI	NCIPAL OFFICE		•	
	Principal street address		Mailing address, if different is:	
<u>08 S. Semorar</u>	Boulevard			
lando, FL 328	<u> </u>			
TICLE III PUR	POSE the corporation is organized is: Any ar	d all lawful bu	siness	
purpose for wife	The corporation is organized is.			
		 		
				
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TICLE IV' SHA	DEC		മ	
number of shares	RES of stock is: 1000		<u>თ</u>	•
TIÇLE V INII Name and T	of stock is: 1000 IAL OFFICERS AND/OR DIRECTORS tle: American Group for Managing Educational Projects Corp.	_		
number of shares	of stock is: <u>1000</u> **IAL OFFICERS AND/OR DIRECTORS **Ide: American Group for Managing	_		
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number of shares TICLE V INIT Name and T	of stock is: 1000 IAL OFFICERS AND/OR DIRECTORS tlc: American Group for Managing Educational Projects Corp. 1308 S. Semoran Boulevard	Address:	President	
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Name and Ti Address	of stock is: 1000 IAL OFFICERS AND/OR DIRECTORS Ide: American Group for Managing Educational Projects Corp. 1308 S. Semoran Boulevard Orlando, FL 32807	Address: Name and Title Address: Name and Title	President	

Name	and Title: Nam	ne and Title:
Addr	ress Add	lress:
•		
APTICI E 1/I	REGISTERED AGENT	
	I Florida street address (P.O. Box NOT acceptable) of the re	gistered agent is:
Name:	American Group for Managing Education	al Projects Corp.
Address:	1308 S. Semoran Boulevard	
	Orlando, FL 32807	
<u>ARTICLE VII</u>	I INCORPORATOR	
The name and	l address of the Incorporator is:	•
Name:	American Group for Managing Educatio	nal Projects Corp.
Address:	1308 S. Semoran Boulevard	•
•	Orlando, FL 32807	
Effective date,	if other than the date of filing:	. (OPTIONAL)
(If an effective filing.)	e date is listed, the date must be specific and cannot be m	nore than five days prior or 90 days after the
4	ate inserted in this block does not meet the applicable statute	OFF Thing requirements this date will not be lie
the document	s effective date on the Department of State's records.	my fining requirements, this date will not be its
Having been n	amed as registered agent to accept service of process for the a	Those Stated corneration at the place designates
certificate, I an	n familiar with and accept the appointment as registered age	nt and agree to act in this capacity
	Jully . A	January 12, 2
	Required Signature/Registered Agent	Date
I submit this d document to th	locument and affirm that the facts stated-herein are true. I e Department of State constitutes a third degree felony as pro	am aware that the false information submitted
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Jully		

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