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| PICK-UP WAIT MAIL | | | | | |
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| Certified Copies Certificates of Status | | | | | |
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| Consideration to Filips Officers | | | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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SECRETARY OF STATE

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COVER LETTER

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

| SUBJECT: Inter | (PROPOSED CORPORA | TE NAME - <u>MUST INCL</u> | UDE SUFFIX) |
|-------------------------|--|---|---|
| Enclosed are an orig | ginal and one (1) copy of the arti | icles of incorporation an | d 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 Status |
| | | ADDITIONAL CO | PY REQUIRED |
| | A | (Printed or typed) Address Semoran Boulevard | |
| | | ando, FL 32807 | |
| | City, S | State & Zip | |
| | | 43 - 7098 Hephone number | |
| | Daytime Te | repriore number | |
| _ | E-mail address: (to be used | for future annual report n- | otification) |
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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

| isii DRIN | 121845 | | |
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| | CCIPAL OFFICE Principal <u>street</u> address Boulevard | Ma | ailing address, if different is |
| ndo, FL 3280 | 7 | | |
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| <i>LETH PURI</i> | POSE the corporation is organized is: Any ar | ıd all lawful busir | ness |
| | the corporation to organized is: | | 1622 |
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| noci oi silates d | 1 Stock Is. | | |
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| <u>LE V INITI</u> | AL OFFICERS AND/OR DIRECTORS | | |
| | e: American Group for Managing | Name and Title; P | resident |
| Name and Tit | le: American Group for Managing Educational Projects Corp. | · | resident |
| | e: American Group for Managing | · | resident |
| Name and Tit | e: American Group for Managing Educational Projects Corp. 1308 S. Semoran Boulevard | Address: | |
| Name and Tit | le: American Group for Managing Educational Projects Corp. | Address: | |
| Name and Tit | e: American Group for Managing Educational Projects Corp. 1308 S. Semoran Boulevard | Address: | |
| Name and Tit | American Group for Managing Educational Projects Corp. 1308 S. Semoran Boulevard Orlando, FL 32807 | Address: | · · · · · · · · · · · · · · · · · · · |
| Name and Tit | American Group for Managing Educational Projects Corp. 1308 S. Semoran Boulevard Orlando, FL 32807 | Address: | · · · · · · · · · · · · · · · · · · · |
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| Name and Title Address Name and Title Address | American Group for Managing Educational Projects Corp. 1308 S. Semoran Boulevard Orlando, FL 32807 | Address: Name and Title: Address: Name and Title: | SECRE ARY CE |
| Name and Title Address Name and Title Address | American Group for Managing Educational Projects Corp. 1308 S. Semoran Boulevard Orlando, FL 32807 | Address: Name and Title: Address: Name and Title: | SEURE ARY |

| Name and Titl | e: | Name and Title: | |
|--|---|---|---|
| Address | | Address: | |
| | | | |
| | | | |
| ARTICLE VI REGI | ISTERED AGENT 1 street address (P.O. Box NOT acceptable) | of the registered agent is: | |
| Name: An | nerican Group for Managing Edu | cational Projects Corp. | |
| Address: 13 | 08 S. Semoran Boulevard | | |
| Or | lando, FL 32807 | | |
| ARTICLE VII INCO | <u>)RPORATOR</u> | | |
| The name and address | of the Incorporator is: | | |
| Name: <u>F</u> | American Group for Managing Ed | lucational Projects Corp |) . |
| Address: | 1308 S. Semoran Boulevard | _ | |
| - | Orlando, FL 32807 | | |
| ARTICLE VIII EFF | ECTIVE DATE: | | |
| Effective date, if other (If an effective date is filing.) | than the date of filing: | . (OPTIONAL) not be more than five days pr | ior or 90 days after the |
| Note: If the date insert the document's effective | ted in this block does not meet the applicable date on the Department of State's record | le statutory filing requirements s. | , this date will not be listed as |
| Having been named as certificate, I am familia | registered agent to accept service of process r with and accept the appointment at regist | for the above stated corporatio ered agent and agree to act in t | n at the place designated in this his capacity |
| | Jully . A | | Jan 25, 2023 |
| | Required Signature/Registered Agent | | Date |
| I submit this document document to the Depart | t and affirm that the facts stated herein ar ment of State constitutes a third degree felo | e true. I am aware that the fa ny as provided for in s,817,155, | lse information submitted in a , F.S. |
| Jully . A | Jung | | Jan 25, 2023 |
| Required Signature/Inco | orporator | Dat | |
| | | | |

FILES
2023 FEB -3 PM II: 28
SECRETARY OF STATE
TALLAHASSEC, FL

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DOMINANT SECURILLC

Principal Address:

6421 N FLORIDA AVE

TAMPA

FL 33604

US

Mailing Address:

6421 N FLORIDA AVE

TAMPA

FL 33604 US

RA Name:

UNITED STATES CORPORATION AGENTS, INC.

RA Address:

476 RIVERSIDE AVE.

JACKSONVILLE FL 32202

US

RA Signature: CHEYENNE MOSELEY, US CORP. AGENTS

Email Address: ONLINEFILINGS@LEGALZOOM.COM

And arrindred