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TO: DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
STATE OF FLORIDA
409 EAST GAINES STREET
TALLAHASSEE, FL 32399
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DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.
NAME: AUTOMATED NETWORK SOLUTIONS INC.
FAX AUDIT NUMBER: H95000002739
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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03/09/1995

ARTICLES OF INCORPORATION
OF
AUTOMATED NETWORK SOLUTIONS INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: AUTOMATED NETWORK SOLUTIONS INC.

The principal place of business of this corporation shall be: 9951 SW 11TH ST
PEMBROKE PINES
FL 33025

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any of all lawful activities of business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is FIVE HUNDRED SHARES.

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

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ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and directors(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

SIU W TAM, PRESIDENT 9951 SW 11TH ST PEMBROKE PINES, FL 33025

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

SIU W TAM 9951 SW 11TH ST PEMBROKE PINES, FL 33025

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this _____ day of _____, 19 .

Signature(s) of Incorporator(s)

SIU W TAM

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**CERTIFICATE DESIGNATING
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.325 Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:AUTOMATED NETWORK SOLUTIONS INC.**2. The name and address of the registered agent and office is:**SIU W TAM 9951 SW 11TH ST PEMBROKE PINES, FL 33025(P.O. BOX NOT ACCEPTABLE)(CITY/STATE/ZIP)

SIGNATURE

Jim W. [Signature]
(Corporate Officer)

TITLE

PRESIDENT

DATE

25 JAN, 1995

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE

Jim W. [Signature]
(Registered Agent)

DATE

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