

P97000101489

TRANSMITTAL LETTER

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

SUBJECT: AMERICAN NETWORK SOLUTIONS INC
(Proposed corporate name - must include suffix)

700002361397--2
-12/03/97--01001--002
****131.25 ****131.25

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☒ \$122.50.
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: CAMERON LEE CATHCART
Name (Printed or typed)

579 Bahia
Address

Ocala Fla. 34472
City, State & Zip

352-687-0091
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

[Handwritten signature]

ARTICLES OF INCORPORATION

FILED

27 DEC -2 PM 2:58

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: *American Network Solutions inc.*

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: *579 Bahia Circle
Orlando FL 34470*

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Cameron L Cathcart 579 Bahia Circle Orlando FL 34470

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Cameron L Cathcart 579 Bahia Circle FL 34472

Cameron L Cathcart
Signature/Incorporator

12-2-97
Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Cameron L Cathcart
Signature/Registered Agent

12-2-97
Date