

11/13/2019

Division of Corporations

# N19000011865

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : DDRIS ACCOUNTING & TAX SERVICE CORP  
Account Number : I20190000104  
Phone : (305)480-0269  
Fax Number : (305)480-0518

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### FLORIDA PROFIT/NON PROFIT CORPORATION ACCENT PROTECTION GROUP CORP

Certificate of Status	0
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**COVER LETTER**

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

**SUBJECT:** ACCENT PROTECTION GROUP CORP  
\_\_\_\_\_  
**(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)**

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 of  
Status

\$78.75  
Filing Fee  
& Certified Copy

\$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

**FROM:** DORIS ACCOUNTING & TAX SERVICE CORP  
\_\_\_\_\_  
Name (Printed or typed)  
  
10154 W FLAGLER ST  
\_\_\_\_\_  
Address  
  
MIAMI, FL 33174  
\_\_\_\_\_  
City, State & Zip  
  
(305) 480-0269  
\_\_\_\_\_  
Daytime Telephone number  
  
TAXES@DORISTAXES.COM  
\_\_\_\_\_  
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 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: ACCENT PROTECTION GROUP CORP

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
4022 ESTEPONA AVE

Mailing address, if different is:

SAME

DORAL, FL 33178

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: INSURANCE CONSULTANT

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: 10000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: ROLANDO GIL (P) Name and Title: \_\_\_\_\_

Address: 4022 ESTEPONA AVE Address: \_\_\_\_\_  
DORAL, FL 33178

Name and Title: DOMINGO A MORALES MEDINA (VP) Name and Title: \_\_\_\_\_

Address: 4022 ESTEPONA AVE Address: \_\_\_\_\_  
DORAL, FL 33178

Name and Title: MIGUEL A. VALDUEZA GUADARRAN Name and Title: \_\_\_\_\_

Address: 4022 ESTEPONA AVE Address: \_\_\_\_\_  
DORAL, FL 33178

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: ROLANDO GIL  
Address: 4022 ESTEPONA AVE  
DORAL, FL 33178

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: DORIS POLANCO  
Address: 10154 W FLAGLER ST  
MIAMI, FL 33174

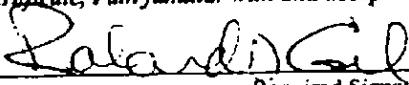
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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 familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
Required Signature of Registered Agent

11/13/19  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.153, F.S.*

  
Required Signature of Incorporator

11/13/19  
Date