

Florida Department of State
 Division of Corporations
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P2000036977

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

From: Account Name : LAMADRID FINANCIAL SERVICES CORP
 Account Number : I20200000059
 Phone : (954)727-9771
 Fax Number : (954)727-9773

2020 MAY 20 PM 4:02
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 SEVEN
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 ADVISORY

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

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

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

NEW SUNBIZ E-FILE ACCOUNT # I20190000104

DORIS ACCOUNTING & TAX SERVICE CORP
10154 W FLAGLER ST
MIAMI, FL 33172
(305) 480-0269
(ASK FOR PIEDAD SANCHEZ)
TAXES@DORISTAXES.COM

Miami, Florida
May 06, 2020

Department of State
Division of Corporation
P.O BOX 6327
Tallahassee, FL 32314
ATTN: NEW CORPORATIONS

REF: ACCENT PROTECTION GROUP CORP

Dear Sir/Madame:

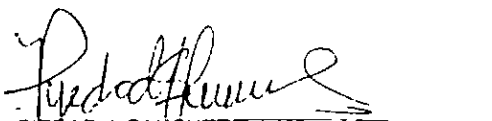
As per many communications that we have with the Department regarding a mistake that was done by our company, we were suppose to register the corporation as **A PROFIT CORPORATION**, but instead we applied as a **NOT-PROFIT CORPORATION**.


For your information, the mention company was dissolved on 03/30/2020 and we are **requesting NOT TO REVOKE THE DISOLUTION**, but to keep the name as: **ACCENT PROTECTION GROUP CORP as a Profit Corporation**

We appreciate very much all your help you can give us regarding this issue. We have learned our lesson and promised to be careful from now on.

Best Regards,


DORIS C POLANCO


PIEDAD-J. SANCHEZ
NOTARY PUBLIC
STATE OF FLORIDA
Comm# GG235684
Expires 8/29/2022



ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

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

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4022 ESTEPONA AVE.
Doral, FL 33178

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Insurance Consultant

ARTICLE IV SHARES

The number of shares of stock is: 2000

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CLERK OF COUNTY OF DADE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ROLANDO GIL -P
Address: 4022 ESTEPONA AVE
DORAL, FL 33178

Name and Title: Domingo A Morales Medina-VP
Address: 4022 ESTEPONA AVE
DORAL, FL 33178

Name and Title: Miguel Valdueza Guadarrama-D
Address: 4022 ESTEPONA AVE
DORAL, FL 33178

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
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: DORIS ACCOUNTING & TAX SERVICE CORP
Address: 10154 W FLAGLER ST
MIAMI, FL 33174

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DORIS C 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/Registered Agent 5/12/2020
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator 5/12/2020
Date