Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:	Division of Corpor		SEC.
	Fax Number : ((850)617-6381	
From:			
	Account Name : L	AMADRID FINANCIAL SERVICES CORP	;
	Account Number : I	120200000059	·
	Phone : ((954)727-9771	
	Fax Number : ((954)727-9773	•
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		or this business entity to be used fo . Enter only one email address pleas	
Fm.	ail Address:		

FLORIDA PROFIT/NON PROFIT CORPORATION ACCENT PROTECTION GROUP CORP

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

Electronic Filing Menu Corporate Filing Menu

Help

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, FI 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 <u>A PROFIT CORPORATION</u>, but instead we applied as a <u>NOT-PROFIT CORPORATION</u>.

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.

STATE OF FLORIDA Comm# GG235684 Expires 8/29/2022

Best Regards,

DORIS C POLANCO

COVER LETTER

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

SUBJECT: ACCENT PROTECTION GROUP CORP

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

osed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	l a check for:
	☐ \$78.75 Filing Fee	☐ \$78.75 Filing Fee	☐ \$87.50 Filing Fee.
Trining Tec	& Certificate of Status	& Certified Copy	Certified Cop & Certificate
		ADDITIONAL CO	Status

4:	DORIS ACCOUNTING & TAX SERVICE CORP
•	Name (Printed or typed)
,	10154 W FLAGLER ST
_	Address
	MIAMI, FL 33174
MIA	City, State & Zip
,	(305) 480-0269
-	Daytime Telephone number

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

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

ARTICLE I NAME The name of the corporat	ion shall be: ACCENT PROTECTION	N GROUP CO	ORP			
	TPAL OFFICE Principal street address	:	Mailing address, if	different is	s:	
4032 ESH	e Pona Ave.					
Doral F	L 33178					
ARTICLE III PURPO The purpose for which the	OSE he corporation is organized is: Insurance	Consultant				
					21120 :1	
) 	_ 	
ARTICLE IV SHARI	<u>ES</u> 2000				0 83 0	[: 1
The number of shares of ARTICLE V INITIA	L OFFICERS AND/OR DIRECTORS				l: 02	٠
Name and Title	ROLANDO GIL -P	Name and Title:	Domingo A Mo	orales M	edina-	·VP
Address	4022 ESTEPONA AVE	Address:	4022 ESTEPC	NA AVE	•	
	DORAL, FL 33178		DORAL, FL 3	3178		
Name and Title:	Miguel Valdueza Guadarrama-D	Name and Title:				
Address	4022 ESTEPONA AVE					
	DORAL, FL 33178					
Name and Title:		Name and Title:				
Address						

Address: Address: Address: Address: Address: Address: DORIS ACCOUNTING & TAX SERVICE CORP Address: DORIS ACCOUNTING & TAX SERVICE CORP Address: 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: (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will rethe 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 docerificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Solve Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information document to the Department of State compliques a third degree felony as provided for in s.817.155, E.S.	OT acceptable) of the registered agent is: TAX SERVICE CORP (OPTIONAL) ecific and cannot be more than five days prior or 90 days after the applicable statutory filing requirements, this date will not be		Address
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