

P05000104615

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

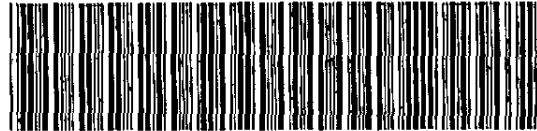
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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07/25/05--01038--013 \*\*78.75

FILED  
05 JUL 25 AM 7:41  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

T. Buch JUL 28 2005

Return Name and Address  
**MARIONELL RESTREPO**  
**6712 SW 28<sup>TH</sup> CT**  
**MIRAMAR, FL 33023**

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July 21, 2005

**Florida Department of State**  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

Re: Articles of Incorporation

Dear Sir:

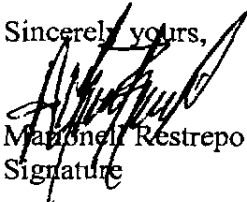
Enclosed please find an original and one copy of Articles of Incorporation along with total filing fees of \$78.75

Please file and provide a filed copy to me, together with any other information you commonly provide to new incorporators at the address above.

Please contact me at the above address if you require anything further. My daytime telephone number is 954-558-6425.

With kindest regards, I am

Sincerely yours,

  
Marionell Restrepo  
Signature

Enclosures  
Check # 179 Enclosed for \$78.75

**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:

ACCORD INSURANCE NETWORK OF DAVIE, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

5810 South University Dr #B103 Davie, FL 33328

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

INSURANCE AGENT and any legal manner in the state of florida

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS/DIRECTORS(optional)**

The name(s), address(es) and specific title(s):

Marionell Restrepo, President and Secretary / Alex Restrepo, Vice President

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

Marionell Restrepo - 6712 SW 28<sup>th</sup> Ct, Miramar, FL 33023

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Marionell Restrepo - 6712 SW 28<sup>th</sup> Ct, Miramar, FL 33023

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Having been named as registered agent to accept service of process of 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

\_\_\_\_\_  
Signature/Registered Agent

\_\_\_\_\_  
Signature/Incorporator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

FILED  
05 JUL 25 AM 7:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA