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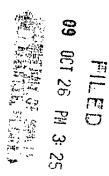
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# **COVER LETTER**

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

SUBJECT:	Protection Concepts, Corp.				
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u> )		
Enclosed are an orig	ginal and one (1) copy of the ar	cicles of incorporation and	a check for:		
☐ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy			
		ADDITIONAL CO	PY REQUIRED		
FROM:	Edwin C	uevas Quiñones			
	Nam	e (Printed or typed)			
	P.O.	Box 350192			
	Address				
	Ft. Lauderd	lale, Florida 33335			
<u></u>		, State & Zip			
	954-7	734263			
		734263 Telephone number			
	protection	cepts @ gmail.com	n		
<del>,</del>	E-mail address: (to be use	ed for future annual report i	notification)		

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 corporation shall be:

Protection Concepts, Corp.

### ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 735 NE 5th Ave Suite #2 Ft Lauderdale, Fl 33335

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The Corporation is organized in any activity or business permitted under the laws of the United States of America and the State of Florida.

### ARTICLE IV SHARES

The number of shares of stock is:

1,000 shares

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List namc(s), address(es) and specific title(s): Edwin Cuevas Quiñones (President) 735 NE 5th ave Ste #2

Ft. Lauderdale, Fl 33304

### ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is

What A Refund, Inc. 2817 SW 177th Ave

Miramar, FL 33029

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Edwin Cuevas Quiñones 735 NE 5th ave Ste #2 Ft. Lauderdale, FI 33304

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

Signature/Registered Agent

| Living | Living |
| Signature/Lycorporator

10/12/2009 Date /0/24/09.

FILED 99 0CT 26 PM 3: