

**P11000040586**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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.

((H11000114290 3)))



H110001142903ABCT

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 APR 26 PM 4:51

FILED

\*\*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**  
the accident defense teamj, inc.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

RECEIVED  
11 APR 26 AM 8:17  
DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing Menu

Help

T. Burch APR 27 2011

411000114290

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

**ARTICLE I NAME** THE ACCIDENT DEFENSE TEAM, INC.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
1140 W 50TH ST. #407  
HIALEAH, FL 33012

Mailing address, if different is:  
PO BOX 126550  
HIALEAH, FL 33012

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:  
ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**  
The number of shares of stock is: 100

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

Name and Title: P-NORLAN A. TORRES  
Address: 1140 W 50TH ST. #407  
HIALEAH, FL 33012

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

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

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

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

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

**ARTICLE VI REGISTERED AGENT**

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

Name: NORLAN A. TORRES  
Address: 1140 W 50TH ST. #407  
HIALEAH, FL 33012

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: NORLAN A. TORRES  
Address: 1140 W 50TH ST. #407  
HIALEAH, FL 33012

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

4/26/11

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

4/26/11

Date

411000114290

FILED

2011 APR 26 PM 4:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA