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SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS
PM OCT 11 PM 2:15

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COVER LETTER

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

SUBJECT: AD PROTECTION CORP

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: ANTONIO DE LEON

Name (Printed or typed)

5290 SW 6 ST

Address

CORAL GABLES , FL , 33134

City, State & Zip

786-329-3555

Daytime Telephone number

DELEON_94@LIVE.COM

E-mail address: (to be used for future annual report 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 AD PROTECTION CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5290 SW 6 ST

5290 SW 6 ST

CORAL GABLES , FL , 33134

CORAL GABLES , FL , 33134

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: ANTONIO DE LEON / PRESIDENT

Name and Title: IDALMIS POZOS / TREASURER

Address 5290 SW 6 ST

Address:

CORAL GABLES , FL , 33134

Name and Title: -

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

2016 OCT 11 PM 2:15

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: ANTONIO DE LEON
Address: 5290 SW 6 ST
CORAL GABLES , FL , 33134

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: ANTONIO DE LEON
Address: 5290 SW 6 ST
CORAL GABLES , FL , 33134

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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 business days prior or 90 business 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

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

Date