

P/B 000082647

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900291082649

10/11/16--01034--016 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
P/M OCT 11 PM 2:15

[Handwritten signature] 10/12/16

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:

- | | |
|--|--|
| <input type="checkbox"/> \$70.00 Filing Fee | <input checked="" type="checkbox"/> \$78.75 Filing Fee & Certificate of Status |
|--|--|

| | |
|--|---|
| <input type="checkbox"/> \$78.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$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

RECORDED
2016 OCT 11 PM 2:15

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: _____

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

FILED
 DEPARTMENT OF STATE
 2018 OCT 11 PM 2:15

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