

10/13/22, 10:23 AM

P22000080807

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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H220003514203ABCT

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

From:
Account Name : DOSSANTOS AND MACHADO, LLC
Account Number : 1201400008089
Phone : (754)301-2128
Fax Number : (954)252-4650

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: INFO@GFSTAXACCT.COM

FLORIDA PROFIT/NON PROFIT CORPORATION
ALLCAR PROTECTION CORP

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

2022 OCT 21 PM 3:17

2022 OCT 21 PM 5:30

Electronic Filing Menu Corporate Filing Menu Help

JS

4220003514203

COVER LETTER

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

SUBJECT: ALLCAR 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: JULIANA MACHADO
Name (Printed or typed)
11764 W SAPLE RD STE 102
Address
CORAL SPRINGS, FL 33065
City, State & Zip
754-301-2128
Daytime Telephone number
INFO@GFSTAXACCT.COM
E-mail address: (to be used for future annual report notification)

2022 OCT 21 AM 5:30

NOTE: Please provide the original and one copy of the articles.

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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: ALLCAR PROTECTION CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address
1150 SW 44TH AVE
DEERFIELD BEACH FL 33442

Mailing address, if different is:
1150 SW 44TH AVE
DEERFIELD BEACH, FL 33442

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: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KEVEM MOREIRA DAMASCENO, P

Name and Title: _____

Address 1150 SW 44TH AVE
DEERFIELD BEACH, FL 33442

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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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: KEVEM MOREIRA DAMASCENO
Address: 1150 SW 44TH AVE
DEERFIELD BEACH FL 33442

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: KEVEM MOREIRA DAMASCENO
Address: 1150 SW 44TH AVE
DEERFIELD BEACH, FL 33442

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 days prior or 90 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

Kevin Moreira Damasceno 10/12/22
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.

Kevin Moreira Damasceno 10/12/22
Required Signature/Incorporator Date

850-617-6381

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October 14, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

DOSSANTOS AND MACHADO, LLC

SUBJECT: ALLCAR PROTECTION CORP
REF: W22000129901

We have received your document for ALLCAR PROTECTION CORP and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The zipcode(s) listed are inconsistent. Which is the correct zipcode?
33442 or 33065?

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE
Regulatory Specialist II

FAX Aud. #: H22000351420
Letter Number: 022A00023061

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