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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : CSH SERVICES, LLC  
Account Number : I20070000160  
Phone : (800) 494-3124  
Fax Number : (561) 455-9885

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

DOLPHIN BAIL BONDS LLC

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**ARTICLES OF ORGANIZATION FOR A  
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608 and/or 621, F.S.

**ARTICLE I NAME**

The name of the Limited Liability Company is:

DOLPHIN BAIL BONDS LLC

**ARTICLE II ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is:

521 SOUTH ANDREWS AVENUE, STE 05  
FORT LAUDERDALE, FLORIDA 33301

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**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENT SIGNATURE**

The name and the Florida street address of the registered agent are:

MIA SINGH  
1792 BELL TOWER LANE  
WESTON, FLORIDA 33326

Having been named as registered agent to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.



MIA SINGH / Registered Agent's signature

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DOLPHIN BAIL BONDS LLC

**ARTICLE IV MANAGEMENT**

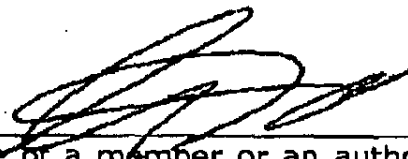
The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

**ARTICLE V MEMBERS (optional)**

MANAGING MEMBER  
CLARIECE THEBEAU  
1333 S W 18 AVENUE  
FORT LAUDERDALE, FLORIDA 33312

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X 

Signature of a member or an authorized representative of a member (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

CLARIECE THEBEAU