

P02000129449

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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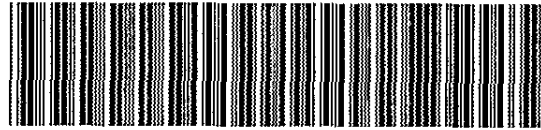
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT: Juan's Bail Bonds, inc.
(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: _____

MASTER TAX & ACCOUNTING, INC.
3846 CURRY FORD RD
ORLANDO, FL 32806

407-896-7113

Daytime Telephone number

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:

Juan's Bail Bonds, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2621 S. Orlando Dr. #12
Sanford, Fl. 32773

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Bail Bond Service

ARTICLE IV SHARES

The number of shares of stock is:

10,000 Shares at par value \$1.00

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Juan Tomlinson (President)
6159 Lightner Dr.
Orlando, FL. 32829

ARTICLE VI REGISTERED AGENT

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

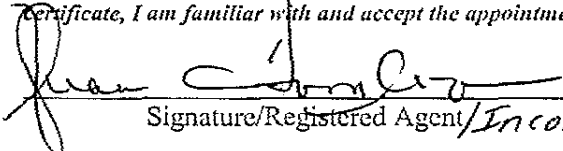
Juan Tomlinson
6159 Lightner Dr.
Orlando, FL. 32829

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Juan Tomlinson (President)
6159 Lightner Dr.
Orlando, FL. 32829

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


Signature/Registered Agent/Incorporator

12/3/02
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA