

P07000089601

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

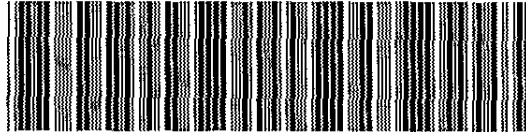
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300107358733

08/09/07--01017--001 \*\*78.75

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 AUG -9 PM 2:19

158 8/9/07

**COVER LETTER**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 AUG -9 PM 2:19

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

**SUBJECT: A WAY OUT 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  
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: A WAY OUT BAIL BONDS INC**

Name (Printed or typed)

**2604 FOWLER STREET**

Address

**FORT MYERS, FLORIDA 33901**

City, State & Zip

**239-628-1888**

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)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 AUG -9 PM 2:19

**ARTICLE I NAME**

The name of the corporation shall be:

A WAY OUT BAIL BONDS INC

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

2604 FOWLER STREET FORT MYERS, FLA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

BAIL BONDS

**ARTICLE IV SHARES**

The number of shares of stock is:

3

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

MELODY LYNN CELEC 2604 FOWLER STREET FORT MYERS FLORIDA 33901 PRESIDENT  
MATTHEW JONES 2604 FOWLER STREET FORT MYERS FLORIDA 33901 VICE PRESIDENT  
COREY HICKSON 2604 FOWLER STREET FORT MYERS FLORIDA 33901 VICE PRSIDENT

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

MELODY LYNN CELEC 2604 FOWLER STREET FORT MYERS, FLORIDA 33901

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

MELODY LYNN CELEC  
2604 FOWLER STREET FORT MYERS, FLORIDA

\*\*\*\*\*

*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

08/05/2007  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

08/05/2007  
\_\_\_\_\_  
Date