

SEP/07/2021/TUE 10:26 AM

FAX No.

P. 001/006

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Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

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

From:

Account Name : INCORP SERVICES INC
Account Number : I20120000007
Phone : (702) 866-2500
Fax Number : (702) 900-2290

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FOREIGN PROFIT/NONPROFIT CORPORATION

The Bail Project, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

2021 SEP -7 AM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Bail Project, Inc.

Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Kelsie Stacy

Name of Person

InCorp Services, Inc.

Firm/Company

3773 Howard Hughes Parkway, Suite 500S

Address

Las Vegas, NV 89169

City/State and Zip Code

documents@incorp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kelsie Stacy on behalf of InCorp Services, Inc. at (702) 866-2500

Name of Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

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APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. The Bail Project, Inc.

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New York 3. 81-4985512
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 08/30/2016 5. Perpetual
(Date of Incorporation) (Date of duration, if other than perpetual)

6. 09/01/2021
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 3107 Washington Blvd, Marina Del Rey, CA 90292
(Principal office street address)

(Current mailing address, if different)

8. Assist in providing bail free of cost to indigent people and advocacy for fairer justice system
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: InCorp Services, Inc.

Office Address: 17888 67th Court North

Loxahatchee, Florida 33470
(City) (Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Kelsie Stacy

Kelsie Stacy on behalf of InCorp Services, Inc.

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☐ Chairman Name: Robin Steinberg
☐ Vice Chairman Address: 3107 Washington Blvd
☒ Director Marina Del Rey, CA 90292
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: Chief Executive Officer ☐ Other: _____

☐ Chairman Name: Brian Chapman
☐ Vice Chairman Address: 3107 Washington Blvd
☒ Director Marina Del Rey, CA 90292
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

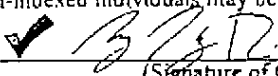
☐ Chairman Name: Zachary Herz-Roiphe
☐ Vice Chairman Address: 3107 Washington Blvd
☐ Director Marina Del Rey, CA 90292
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: Chief Financial Officer ☒ Other: Assistant Secretary

☐ Chairman Name: Carol Lili Lyinton
☐ Vice Chairman Address: 3107 Washington Blvd
☒ Director Marina Del Rey, CA 90292
☐ President _____
☐ Vice President _____
☐ Secretary ☒ Treasurer
☐ Other: _____ ☐ Other: _____

☒ Chairman Name: Michael E Novogratz
☐ Vice Chairman Address: 3107 Washington Blvd
☒ Director Marina Del Rey, CA 90292
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Elizabeth Luckett
☒ Vice Chairman Address: 3107 Washington Blvd
☒ Director Marina Del Rey, CA 90292
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

NOTE: Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

13.  _____
 (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Zachary Herz-Roiphe, Chief Financial Officer
 (Typed or printed name and capacity of person signing application)

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Florida Department of State

Registration Section
Division of Corporations

Application by Foreign Not for Profit Corporation for Authorization to
Conduct its Affairs in Florida

The Bail Project, Inc.
(continued)

Item number 12A – Names and business addresses of Officers/Directors:

DIRECTOR: Donna Byrd
3107 Washington Blvd
Marina Del Rey, CA 90292

DIRECTOR: Vincent Southerland
3107 Washington Blvd
Marina Del Rey, CA 90292

DIRECTOR / TREASURER: Lisa Gersh
3107 Washington Blvd
Marina Del Rey, CA 90292

DIRECTOR: Reginald Dewayne Betts
3107 Washington Blvd
Marina Del Rey, CA 90292

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROSSANA ROSADO, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: THE BAIL PROJECT, INC.
DOS ID Number: 5000742
Entity Type: DOMESTIC NOT-FOR-PROFIT CORPORATION
Entity Status: EXISTING
Date of Initial Filing with DOS: 08/30/2016

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State,
at the City of Albany, on September 07, 2021 at 10:52 A.M.

ROSSANA ROSADO, Secretary of State

Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State

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Division of Corporation's Document Authentication Website at <http://ecorp.dos.ny.gov>