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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

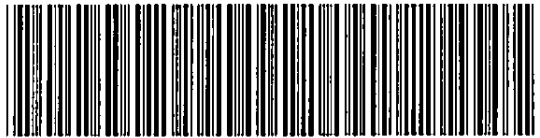
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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## NATIONAL BAIL ASSOCIATION INC.

293 Foxhurst Road  
Oceanside, New York 11572  
NationalBailAssociationInc@gmail.com

*SENT VIA FEDEX*

June 19, 2024

TO: FLORIDA DEPARTMENT OF STATE  
FROM: NATIONAL BAIL ASSOCIATION INC.  
RE: APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR  
AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

To Whom This May Concern:

The National Bail Association Inc., a non-profit entity, seeks to engage in a charitable event inside the state of Florida. The Corporation understands that it is necessary for us to register for this event with the Florida Department of State.

The event is scheduled to take place in late July 2024, and in order to ensure complete adherence to the state's requirements, we are submitting an Application by Foreign Not-for-profit Corporation for Authorization to Conduct its affairs in Florida form.

Our organization is incorporated in the state of Delaware. The Delaware Department of State no longer provides hard copies of Certificates of Good Standing (certificate of existence). Instead, the department mandates that certificates must be purchased using their online services. These certificates are validated and include the Secretary's seal and signature. This policy has been in force since July 1, 2006. We have enclosed the notice from the department's website, as well as the proof of recent validation of the certificate.

Verification of the certificate may be obtained at:

<https://icis.corp.delaware.gov/Ecorp/ValidateCert/authver.aspx>

Additionally, enclosed is a money order in the amount of \$78.75 for the filing fee and a certified copy. Please send all certified copies to our mailing address:

National Bail Association Inc.  
Attn: Erica Sanchez, c/o Michelle Esquenazi  
293 Foxhurst Road  
Oceanside, NY 11572

Your assistance in this matter is greatly appreciated.

If there are any questions or concerns, we may be reached at 516.538.5555.

Sincerely yours,  
The National Bail Association



## COVER LETTER

**TO:** Registration Section  
Division of Corporations  
NATIONAL BAIL ASSOCIATION INC

**SUBJECT:** \_\_\_\_\_  
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:

MICHELLE ESQUENAZI

\_\_\_\_\_  
Name of Person

NATIONAL BAIL ASSOCIATION INC

\_\_\_\_\_  
Firm/Company

\_\_\_\_\_  
293 FOXHURST ROAD

\_\_\_\_\_  
Address

OCEANSIDE, NY 11572

\_\_\_\_\_  
City/State and Zip Code

NationalBailAssociationInc@gmail.com

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

For further information concerning this matter, please call:

MICHELLE ESQUENAZI

516

902-2474

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_

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

**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:*

NATIONAL BAIL ASSOCIATION INC

1. \_\_\_\_\_  
(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. DELAWARE \_\_\_\_\_ 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 09/11/2023 \_\_\_\_\_ 5. \_\_\_\_\_  
(Date of Incorporation) (Date of duration, if other than perpetual)

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

7. 1221 COLLEGE PARK DR., SUITE 116, DOVER, DE 19904  
\_\_\_\_\_  
(Principal office street address)

293 FOXHURST ROAD, OCEANSIDE, NY 11572  
\_\_\_\_\_  
(Current mailing address, if different)

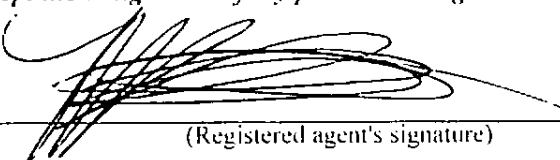
8. Purpose of the organization is to advocate for secured bail policies that promote effective public safety throughout the USA.  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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

Name: Michelle Esquenazi  
Office Address: 1241 Redwood Lane  
Gulf Breeze \_\_\_\_\_, Florida 32563  
(City) (Zip Code)

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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.*

  
\_\_\_\_\_  
(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.

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

**A. DIRECTORS**

MICHELLE ESQUENAZI

☐ Chairman Name: \_\_\_\_\_  
293 FOXHURST ROAD  
☐ Vice Chairman Address: \_\_\_\_\_  
OCEANSIDE, NY 11572  
☐ Director \_\_\_\_\_  
☒ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

WENDY FORDIN

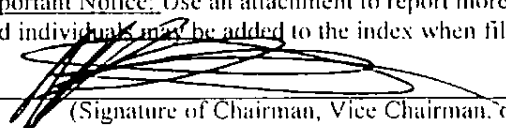
☐ Chairman Name: \_\_\_\_\_  
293 FOXHURST ROAD  
☐ Vice Chairman Address: \_\_\_\_\_  
OCEANSIDE, NY 11572  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☒ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ 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. MICHELLE ESQUENAZI, PRESIDENT  
\_\_\_\_\_  
(Typed or printed name and capacity of person signing application)

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NATIONAL BAIL ASSOCIATION INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF JUNE, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS AN EXEMPT CORPORATION.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NATIONAL BAIL ASSOCIATION INC." WAS INCORPORATED ON THE ELEVENTH DAY OF SEPTEMBER, A.D. 2023.



7668426 8300C

SR# 20242912660

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203739738

Date: 06-18-24