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A1a Incorporation

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Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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From: Account Name : CSH SERVICES, LLC
Account Number : 120070000160
Phone : (800)494-3124
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DWAYNE CONLEY BAIL BONDS, LLC

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EXAMINER

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H-10000125370-3

**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is:
DWAYNE CONLEY BAIL BONDS, LLC

SECOND: The articles of organization or the application to transact business

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:
PRINCIPAL, MAILING & MGRM ADDRESSES WERE INCORRECTLY FILED AND SHOULD CORRECTLY READ AS:

1125 E MAIN STREET, STE 5, BARTOW, FLORIDA 33830

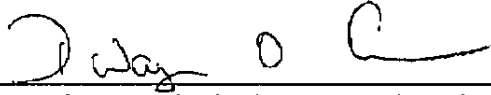
THE REGISTERED AGENT ADDRESS WAS INCORRECTLY FILED AND SHOULD CORRECTLY READ AS:

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OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: MAY 27, 2010


Signature of a member or authorized representative of a member

Dwayne O Conley

Typed or printed name of signee

Filing Fee: \$25.00
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10000124934-3

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

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

DWAYNE CONLEY BAIL BONDS, LLC

ARTICLE II ADDRESS

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

1145 E MAIN STREET, STE C
BARTOW, FLORIDA 33830

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

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

DWAYNE O CONLEY
1145 E MAIN STREET, STE C
BARTOW, FLORIDA 33830

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.

x 

DWAYNE O CONLEY / Registered Agent's signature

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TALLAHASSEE, FLORIDA

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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

DWAYNE O CONLEY

1145 E MAIN STREET, STE C

BARTOW, FLORIDA 33830

.....

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.

DWAYNE O CONLEY

71.10000124934.3.