

L10000112980

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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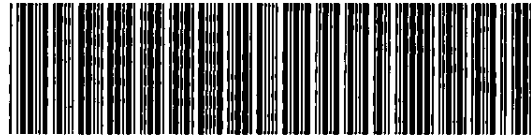
(Business Entity Name)

(Document Number)

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

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900185254299

Effective Date 11/01/2010

10/28/10--01014--027 \*\*160.00

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10 OCT 28 AM 11:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

OCT 29 2010

EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Around The Clock Bail Bonds LLC.  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jacqueline Z Hill  
Name of Person

1700 SE 15th St. Unit 103  
Address

Fort Lauderdale, FL 33316  
City/State and Zip Code

ATC Bail Bond @ AOL.com  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Jacqueline Z Hill at (954) 801-2245  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Around The Clock Bail Bonds LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

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ARTICLE II - Address:

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

Principal Office Address:

633 SE 3rd Ave  
Suite 4F  
Fort Lauderdale, FL 33301

Mailing Address:

1700 SE 15th St.  
Unit 103  
Fort Lauderdale, FL 33316

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

Effective Date 11/01/2010

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

Jacqueline Z. Hill  
Name

1700 SE 15th St. Unit 103  
Florida street address (P.O. Box NOT acceptable)  
Fort Lauderdale, FL 33316  
City, State, and Zip

*Having been named as registered agent and 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..*

Jacqueline Z. Hill  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

MGR

MGRM

**Name and Address:**

Jacqueline Z Hill  
1700 SE 15th St. Unit 103  
Fort Lauderdale, FL 33316

Peter Hill  
1700 SE 15th St. Unit 103  
Fort Lauderdale, FL 33316

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: November 1, 2010 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

Jacqueline Z Hill

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Jacqueline Z Hill

Typed or printed name of signer

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**

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