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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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06/11/18--01026--025 **60.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 JUN 11 PM 12:22

N COOPER

JUN 13 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 1st Way Out Bail Bonds L.L.C.

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Ashley N. Burdick

Name of Person

1st Way Out Bail Bonds L.L.C.

Firm/Company

710 W. King Street, Suite# 109

Address

Cocoa, Florida 32922

City/State and Zip Code

ashleyburdick28@yahoo.com

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

For further information concerning this matter, please call:

Ashley Burdick

Name of Person

321 543-2734
at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 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 AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

1st Way Out Bail Bonds L.L.C.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 9/16/2013 and assigned
Florida document number L13000131150.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

710 W. King Street, Suite # 109

Cocoa, FL 32922

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P. O. BOX 236822

Cocoa, FL 32923-6833

SECRETARY OF STATE
DIVISION OF CORPORATE
REGISTRATION
18 JUN 11 PM 12:22

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Ashley N. Burdick

New Registered Office Address:

710 W. King Street, Suite #109

Enter Florida street address

Cocoa

City

Florida 32922

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Ashley N. Burdick	710 W. King Street, Suite # 109	<input type="checkbox"/> Add
		Cocoa, Fl 32922	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Debra D. Burdick	1433 Clearlake Road	<input type="checkbox"/> Add
		Cocoa, Fl 32922	<input checked="" type="checkbox"/> Remove
		Completely Remove Debra Darlene	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

I, Ashley Burdick opened 1st Way Out Bail Bonds L.L.C. in September, 2013, Document Number: #L1300013115

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 JUN 11 PM 12:22

E. Effective date, if other than the date of filing: _____ (optional)

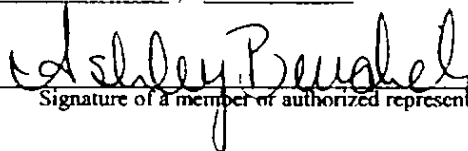
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 6th day of June, 2018




Signature of a member or authorized representative of a member

Ashley N. Burdick

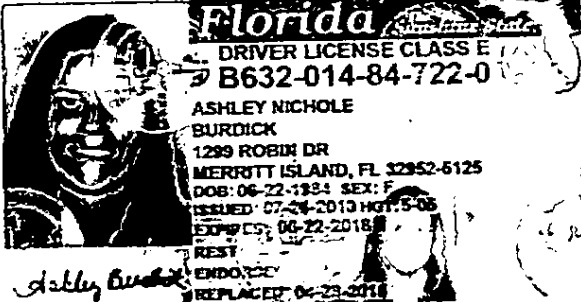
Typed or printed name of signee

TRUE COPY



ASHLEY NICOLE BURDICK
License Number P156613
IS LICENSED TO TRANSACT THE FOLLOWING CLASSES OF INSURANCE:
Limited Surety (Bail Bond) 10/17/2009

This licensee has the power of arrest as authorized by Sections 903.22 and 903.29, Florida Statutes, and Taylor V. Taintor, 83 U.S. 366, 21 L. Ed. 287 (1872).



Florida
DRIVER LICENSE CLASS E
B632-014-84-722-0
ASHLEY NICHOLE
BURDICK
1289 ROBIN DR
MERRITT ISLAND, FL 32952-6125
DOB: 06-22-1984 SEX: F
ISSUED: 07-24-2013 HGT: 5-08
EXPIRES: 06-22-2018
REST
ENDORSED
REPLACED: 06-23-2016
CREAM DONOR

Operation of a motor vehicle constitutes consent to any sobriety test required by law

TRUE COPY

Debra Burdick
P/O Box 236341
Cocoa, Fl. 32923

April 1, 2018

Ashley Burdick
1299 Robin Drive
Merritt Island, 23952

Return Receipt Number: 7017 0530 0000 9146 6810

Miss Burdick,

Due to your actions you have not only deprived me the ability to earn a living but you have also attempted to discredit my character and reputation. You have created a hostile work environment that has not only left me unemployed but also no option other than to sever my partnership with 1st Way Out Bail Bonds.

On March 27, 2018, I was advised by the legal department at AT&T that you removed me from the business account and disconnected the phone. An account that I opened in 2013.

On March 28, 2018, upon arriving at the office formally known as, 1st Way Out Bail Bonds located at 1433 Clearlake Road Cocoa, Fl. 32922. It was to my surprise, that the location was empty. You took all of the open active client files, closed files from September 2017 to current, Appearance Bonds, Powers, Applications and receipt books belonging to Sun Surety and Palmetto Surety Company, but also all the contents located inside the business.

Due to the fact, you took it upon yourself to vacate the premises and abandon the property without my consent or knowledge; you have constituted a breach of the contract and the L.L.C. Therefore relieving me of any and all responsibility of all debt, liability, and damage you may have caused.

I have contacted T.D. Bank to remove myself from accounts 4284528250 and 4284528268. I was advised that you will have to fill out the paper work enclosed and file it with Division of Corporations and come into the bank and sign a new signature card. If this action is not done by May 1, 2018, Please be advised that I will close both accounts.

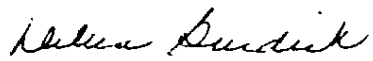
Also, while at the bank I received copies of all statements for 2013, 2014, 2015, 2016, 2017 and 2018. Although I was shocked of the withdraws you made for your personal use, the one that stood out the most was a charge at Fairvilla Mega Store. For the life of me, I can't remember not one time an adult toy was ever used in the commission of a Bail Bonds Business.

Be advised that the logo of the blonde lady busting out of jails bars cannot be used for your use, because patent and trade mark are pending.

TRUE COPY

Due to the fact that you chose to vacate the premises of 1433 Clearlake Road Cocoa, FL 32922; you have absolutely no legal right to come on the property. If you do so, I will have you trespassed.

Sincerely,

A handwritten signature in cursive script, appearing to read "Debra Burdick".

Debra Burdick

TRUE COPY



BCSO Non Emergency 321-264-5100

Automated line Choose Option 4 for Dispatch

2290 Columbia Blvd.
Titusville, FL 32780

Office: (321) 264-5208
Fax: (321) 264-6492

North Precinct

www.BrevardSheriff.com

27AS Judge Fran Jamieson Way
Bid. E, Viera, FL 32940
321-688-2123 - West Pct.
CR # 18-190239
2575 N. Courtney Hwy.
Viera # Island, FL 32953
321-454-6652

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

1st Way Out Bail Bonds L.L.C.

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

ARTICLE II - Address:

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

Principal Office Address:

970 N. Cocoa Blvd.

Suite 5

Cocoa, Fl. 32922

Mailing Address:

970 N. Cocoa Blvd.

Suite 5

Cocoa, Fl. 32922

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.)

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

Ashley Burdick

Name

1299 Robin Drive

Florida street address (P.O. Box **NOT** acceptable)

Merritt Island, Fl. 32952

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.

Ashley Burdick
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

*This is not my
Signature.
Forged Signature*

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2003 SEP 16 PM 4:02
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

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L13000131150

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SEC. STATE
FILING OFFICE, FLORIDA

2013 SEP 16 PM 4:02

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(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1st Way Out Bail Bonds L.L.C.

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.

Ashley Burdick

Name of Person

1st Way Out Bail Bonds L.L.C.

Firm/Company

970 N. Cocoa Blvd. Suite 5

Address

Cocoa, Florida 32922

City/State and Zip Code

ashleyburdick28@yahoo.com

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

For further information concerning this matter, please call:

Ashley Burdick

Name of Person

at 321 543-2734

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

FILED
2013 SEP 16 PM 4:02
TALLAHASSEE, FL
REGISTRATION SECTION

TRUE COPY

FEI# 46-3672692

L13000 131150

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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07/01/18--01023--016 **25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

TRUE COPY

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1st Way Out Bail Bonds LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Debra Burdick
Name of Person

1st Way Out Bail Bonds LLC
Firm/Company

1433 Clearlake Road
Address

Cocoa, Florida 32922
City/State and Zip Code

debrasnow35@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Debra Burdick at (321) 639-0171
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

TRUE COPY

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: 1st Way Out Bail Bonds LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

1433 Clearlake Road
Cocoa, FL 32922

3. 09/16/2013 4. L13000131150
Date of filing/registration in Florida Document number

5. (a) Ashley Burdick
Registered Agent and Registered Office shown on the records of the Florida Dept. of State.

1st Way Out Bail Bonds LLC
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
970 N. Cocoa Blvd Suite #5
Cocoa, FL 32922

(b) Ashley Burdick
Enter name of NEW Registered Agent and/or NEW Registered Office address

1433 Clearlake Road
NEW Registered Office Address:

Cocoa, FL 32922

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Ashley Burdick
Signature of a member or authorized representative of a member

Debra Burdick
Printed or typed name of signer

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 as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Ashley Burdick
Signature of Registered Agent

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

TRUE COPY

Payment Review

(Step 2 of 3) Please confirm your payment information at the bottom of the page. Please SCROLL DOWN (ARROW DOWN) and click on the "Process Payment" button. Your payment will not be processed until you click on the button.

Tracking Number : CR8593607784

Document Number : L13000131150

Payment Amount: \$238.75

Card Information

Card Number *1579

Expiration Date 5/20



Billing Information

Name Ashley Burdick

Country US

Address 1299 Robin Drive

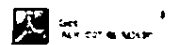
City Merritt Island

State FL

Zip 32952

Phone (321) 543-2734

Email debrasnow35@yahoo.com

[Go Back/Edit](#)[Cancel](#)[Process Payment](#)[Browser Support](#)

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS



TRUE COPY

(Step 3 of 3) Thank you for your payment.

Please print this receipt and keep it for your records.

Tracking Number : CR8593607784

Document Number : L13000131150

Payment Amount: \$238.75

Receipt Number: 3711920961

Transaction Date: 09/28/2017 12:07 PM

Payment Type:

VISA

Account Number: *1579

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000131150

Entity Name: 1ST WAY OUT BAIL BONDS L.L.C.

Current Principal Place of Business:

970 N. COCOA BLVD. SUITE 5
COCOA, FL 32922

Current Mailing Address:

970 N. COCOA BLVD. SUITE 5
COCOA, FL 32922

FEI Number: 46-3672692

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BURDICK, ASHLEY
970 N. COCOA BLVD.
5
COCOA, FL 32922 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR	Title	MGRM
Name	BURDICK, ASHLEY	Name	BURDICK, DEBRA D
Address	970 N. COCOA BLVD. SUITE 5	Address	970 N COCOA BLVD. SUITE 5
City-State-Zip:	COCOA FL 32922	City-State-Zip:	COCOA FL 32922

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes, and that my name appears above, or on an attachment with all other links empowered.

SIGNATURE: ASHLEY N. BURDICK

MANAGEMENT

06/06/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000131150

Entity Name: 1ST WAY OUT BAIL BONDS L.L.C.

Current Principal Place of Business:

970 N. COCOA BLVD. SUITE 5
COCOA, FL 32922

Current Mailing Address:

970 N. COCOA BLVD. SUITE 5
COCOA, FL 32922

FEI Number: 46-3672692

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BURDICK, ASHLEY
970 N. COCOA BLVD.
5
COCOA, FL 32922 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR	Title	MGRM
Name	BURDICK, ASHLEY	Name	BURDICK, DEBRA D
Address	970 N. COCOA BLVD. SUITE 5	Address	970 N COCOA BLVD. SUITE 5
City-State-Zip:	COCOA FL 32922	City-State-Zip	COCOA FL 32922

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ASHLEY N. BURDICK

MGR

01/13/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date

TRUE COPY
FILED
Jan 13, 2015
Secretary of State
CC5486615754

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000131150

Entity Name: 1ST WAY OUT BAIL BONDS L.L.C.

Current Principal Place of Business:

970 N. COCOA BLVD. SUITE 5
COCOA, FL 32922

Current Mailing Address:

970 N. COCOA BLVD. SUITE 5
COCOA, FL 32922

FEI Number: 46-3672692

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BURDICK, ASHLEY
970 N. COCOA BLVD.
5
COCOA, FL 32922 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name BURDICK, ASHLEY
Address 970 N. COCOA BLVD. SUITE 5
City-State-Zip: COCOA FL 32922

Title MGRM
Name BURDICK, DEBRA D
Address 970 N. COCOA BLVD. SUITE 5
City-State-Zip COCOA FL 32922

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes, and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ASHLEY N. BURDICK

MGR

04/18/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date

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FILED
Apr 18, 2016
Secretary of State
CC8672554892

Mrs. Debra Burdick
P.O. Box 236341
Cocoa, Florida 32923

CERTIFIED MAIL



7017 0530 0000 9146 6810



1023



32852

U.S. POSTAGE
PAID
COCOA, FL
32826
APR 13, 18
AMOUNT

\$6.70

R2305M145882-13

Ms. Ashley Burdick
1299 Robin Dr
Merritt

RECEIVED IN SENDER
POST OFFICE
UNABLE TO FORWARD

PSN: 32923634141
329236341
32952-512599
0274-07615-13-38

TRUE COPY

Refused
4-24-18
[Signature]