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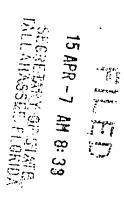
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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J. Stavers APR 21 7879

COVER LETTER

	ation Section 1 of Corporations		
SUBJECT:	ANDRAE BRY	ANT BAIL BONDS L.L.C.,	
	•		
The enclosed Art	icles of Organization and fee(s) as	re submitted for filing.	
Please return all	correspondence concerning this m	atter to the following:	
		ANDRAE BRYANT Name of Person	
		Name of Person	
		Firm/Company	
	31	31 NW 13TH STREET	
		Address	
		NESVILLE, FL 32609 City/State and Zip Code	
		•	
	E-mail address: (to be use	RYANT71@GMAIL.COM d for future annual report notifica	ition)
For further inforr	nation concerning this matter, plea	ase call:	
ANDRA	AE BRYANT at (;		
	Name of Person	Area Code Daytime Tel	lephone Number
Enclosed is a che	ck for the following amount:		
3 \$125.00 Filing F	ee \$\Bigsiz\$\$\frac{1}{2}\$\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
	Mailing Address Registration Section	Street/Courier Adda Registration Section	ress
	Division of Corporations	Division of Corporat	ions
	P.O. Box 6327 Taliahassee, FL 32314	Clifton Building 2661 Executive Cent	er Circle
	· wireine3366, 1 13 223 17	Tallahassee, FL 3230	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
ANDRAE BRYA	NT BAIL BONDS L.L.C.,	
(Must end with the words "Li	imited Liability Company, "L.L.C.," o	r "LLC.")
ARTICLE II - Address: The mailing address and street address of the prince	ipal office of the Limited Liability Co	empany is:
Principal Office Address:	Mailing Address:	
3131 NW 13TH STREET SUITE 10 GAINESVILLE, FL 32609	3131 NW 13TH STREET GAINESVILLE, FL 32609	
ARTICLE III - Registered Agent, Registered O (The Limited Liability Company cannot serve as it another business entity with an active Florida regis	s own Registered Agent. You must de	
The name and the Florida street address of the regi	stered agent are:	
ANDRAI	E BRYANT	
	Name	
	STREET SUITE 10	
Florida street address (P.O	O. Box NOT acceptable)	
GAINESVIL	LE FL 32609	
City	Zip	
Having been named as registered agent and to acc the place designated in this certificate, I hereby capacity. I further agree to comply with the prov of my duties, and I am familiar with and accept	accept the appointment as registered a isions of all statutes relating to the proj	agent and agree to act in this per and complete performance
Registered Agent's	Bryand Signature (REQUIRED)	15 A 3E GA 7ALTLAJ
(CON	TINUED)	PR-7
Pag	ge 1 of 2	

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	ANDRAE BRYANT
	3131 NW 13TH STREET SUITE 10
	GAINESVILLE, FL 32609
	
E V: Effective date, if other than the datective date is listed, the date must be	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 or
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