4/21/2021

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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Email Address:

FLORIDA LIMITED LIABILITY CO. 1ST 2 GO BAIL BONDS, LLC

| Certificate of Status | 0 |
|-----------------------|----------|
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| Page Count | 03 |
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Help

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From: Yanet Avil

63

To: 18506176381

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| | Liability Company is: | | | |
|--|--|--|---|---|
| | JL BONDS, LLC | | 4 F C N | |
| (Mn | ist contain the words "Limited Li | iability Company, | "L.L.C.," or "LI.C.) | |
| ARTICLE II - Address: The mailing address and s | : street address of the principal off | lice of the Limited | Liability Company is: | |
| <u> </u> | Principal Office Address: | | Mailing Address: | |
| 2438 FOWLE FORT MYER | | SAM | <u> </u> | |
| | | | | |
| (The Limited Liability Co | red Agent, Registered Office, & ompany cannot serve as its own F | Registered Agent. \ | t's Signature: 'ou must designate an individ | lual or Pos |
| (The Limited Liability Co another business entity w | red Agent, Registered Office, & ompany cannot serve as its own fivith an active Florida registration a street address of the registered a | Registered Agent. \ | t's Signature: 'ou must designate an individ | SECVE |
| (The Limited Liability Co another business entity w | ompany cannot serve as its own for the an active Florida registration a street address of the registered a ELBITA ALFONSO | Registered Agent. \ L) agent are: | t's Signature: 'ou must designate an individ | CZI MPR ZI SEUNLIANASS |
| (The Limited Liability Co another business entity w | ompany cannot serve as its own for the an active Florida registration a street address of the registered a ELBITA ALFONSO | Registered Agent. \ | t's Signature: 'ou must designate an individ | CZI MPR 21 / SECNELTABLE NLLAHASSEE |
| (The Limited Liability Co another business entity w | ompany cannot serve as its own for the an active Florida registration a street address of the registered a ELBITA ALFONSO | Registered Agent. \ L) agent are: | t's Signature: 'ou must designate an individ | CZI MPR 21 / SECNELTABLE NLLAHASSEE |
| (The Limited Liability Co another business entity w | ompany cannot serve as its own F with an active Florida registration a street address of the registered a ELBITA ALFONSO | Registered Agent. \ L) agent are: Name | 'ou must designate an individ | CZI MPR 21 / |
| (The Limited Liability Co another business entity w | ompany cannot serve as its own F with an active Florida registration a street address of the registered a <u>ELBITA ALFONSO</u> 2438 FOWLER ST | Registered Agent. \ L) agent are: Name | 'ou must designate an individ | CZI MPR ZI AH 9 SECNLARSSEE FLO |

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 familian with and accept the abligations of my position as registered agent as provided for in Chapter 603, F.S..

/c/ (With Alfonso
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page: 4 of 4

| Title: "AMBR" = Authorized Mem' | Name and Address: |
|--|---|
| "MGR" = Manager | BCL |
| AMBR | AT LEE COUNTY BAIL BONDS/FIANZAS LLC |
| | 2438 FOWLER ST FORT MYERS, FL 33901 |
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| (Use attachment if necessary) | |
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| LE V: Effective date, if other the first of the date is listed, the date of filing.) If the date inserted in this block ument's effective date on the first of th | man the date of filing: (OPTIONAL) must be specific and cannot be more than five business days prior to or 90 days t does not meet the applicable statutory filing requirements, this date will not be department of State's records. |
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| CLE V: Effective date, if other the fective date is listed, the date is of filing.) If the date inserted in this block nument's effective date on the CLE VI: Other provisions, if any REOURED SIGNATURE Signat This document am aware the constitutes a | nan the date of filing: |

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

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)