Division of Corporations -Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit.number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

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Phone : (305)444-4994

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## FLORIDA LIMITED LIABILITY CO. FIRST CALL BAILBONDS LLC

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF	ORGANIZATION FOR F	LORIDALLIN	ITTED LIABILITY COMPANY	ć
ARTICLE 1 - Name: The name of the Limited Liability	Company is:			
FIRST CALL BAILB (Must conta	ONDS LLC in the words "Limited I	iability Com	pany."L.l.,C.," or "LLC.")	<u> </u>
ARTICLE II - Address: The mailing address and street ad	dress of the principal o	Mice of the L	imited Liability Company is:	
<u>Principa</u>	Principal Office Address:		Mailing Ad	ldress:
306 S 1st STREET  IMMOKALEE, FL 34142			306 S 1st STREET IMMOKALUE, FL 34142	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own	Registered A	d Agent's Signature: .gent. You must designate an	individual or
The name and the Florida street a	ddress of the registered	l agent are:		
	CARL BEASLEY			
		Name		
	306 S 1st STREET			-
	Florida street addres	s (P.O. Box	NOT acceptable)	
	IMMOKALEE .	. FL	33142	
	City	State	Zip	
Having been named as registered a	gent and to accept serv	ice of process	for the above stated limited b	iability company at the

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 cartificate. I kereby 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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2021 MAY -5 PH 3: 10

Title:		Name and Address:		
"AMBR" = Authoriz "MGR" = Manager	d Member			
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AMBR	\ \frac{\fin}}}}{\frac{\f{\frac{\frac{\fir}}}}}}{\firac{\frac{\fir}{\fir}}}}}}{\frac{\frac{\frac{	S 1st STREET		
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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)