

21000360129

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

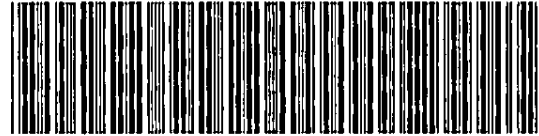
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900370036899

01/22/21--01025--014 \*\*155.00

FILED  
2021 JAN 19 PM 4:46  
TALLAHASSEE, FLORIDA

21000104826

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: DUKES BAIL BONDS, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fees are submitted for filing

Please return all correspondence concerning this matter to the following

NISHEA DUKES  
Name of Person  
DUKES BAIL BONDS, LLC  
Firm/Company  
7628 N 56TH ST STE 5  
Address  
TAMPA, FL 33617  
City/State and Zip Code  
dukesbailbond@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NISHEA DUKES at ( 813 ) 652-6565  
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  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address  
New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

TALLAHASSEE, FL 32303  
2021 JAN 19 PM 4:46  
FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DUKES BAIL BONDS, LLC

(Must contain 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 is:

Principal Office Address:

Mailing Address:

7628 N 56TH ST STE 5  
TAMPA, FL 33617

7628 N 56TH ST STE 5  
TAMPA, FL 33617

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:

NISHEA DUKES

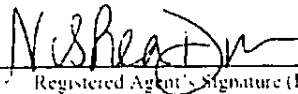
Name

1908 HEARTLAND CIR

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

<u>VALRICO</u>	<u>FL</u>	<u>33594</u>
City	State	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 605, F.S.*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

CALL ANTHONY P. ROBERTS  
ATTORNEY AT LAW

2021 JAN 19 PM 4:46

FILED

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company

Title:

Name and Address:

\*AMBR\* = Authorized Member

\*MGR\* = Manager

MGR

NISHEA DUKES  
7628 N 56TH ST STE 5  
TAMPA, FL 33617

AMBR

KALEY GILBERT-DUKES  
7628 N 56TH ST STE 5  
TAMPA, FL 33617

AMBR

VASHAWN GILBERT-DUKES  
7628 N 56TH ST STE 5  
TAMPA, FL 33617

\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 7/26/2001 (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.)

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

ARTICLE VI: Other provisions, if any

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

NISHEA DUKES

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)

FLORIDA DEPARTMENT OF STATE

2001 JAN 19 PM 4:46

FILED