

N120000011287

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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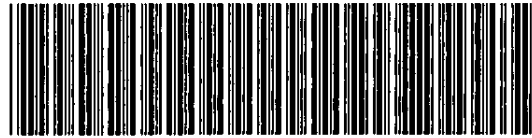
(Business Entity Name)

(Document Number)

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

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FILED  
12 DEC -3 AM 10:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: Seminole County Greater Bail Bonds Association Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee &  
Certificate of  
Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

FROM: A. Anytime Bail Bonds  
Name (Printed or typed)

4107 S Orlando Drive  
Address

Sanford, FL 32773  
City, State & Zip

407 579-7280  
Daytime Telephone number

A1KPBAIL@BELLSOUTH.NET  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**FILED**  
12 DEC -3 AM 10:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be: Seminole County Greater Bail Bonds Association Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
2724 S. Orlando Drive  
Sanford, FL 32773

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

A non-profit 503(c) Association for Bail Bond agents and companies. If the Association dissolves all assets will be distributed for exempt purposes pursuant to 503(c).

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed:

Blind vote

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Kim Palmer (director)  
Address: 2724 S. Orlando Drive  
Sanford, FL 32773

Name and Title: Emily Curtiss (co-director)  
Address: 2621 S. Orlando Drive #1  
Sanford, FL 32773

Name and Title: Sue Craven (officer)  
Address: 2724 S. Orlando Drive #2  
Sanford, FL 32773

Name and Title: Andre Huijsmans (officer)  
Address: 4107 S Orlando Drive  
Sanford, FL 32773

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:


Name: Kim Palmer  
Address: 2724 S. Orlando Drive  
Sanford, FL 32773

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Ryan Yadav  
Address: 520 West Lake Mary Blvd #103  
Sanford, FL 32773

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Required Signature of Registered Agent

November 29th 2012  
\_\_\_\_\_  
Date

*I submit this document and affirm that the facts stated herein are true. 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.*

  
\_\_\_\_\_  
Required Signature of Incorporator

November 29th 2012  
\_\_\_\_\_  
Date