

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 621
Tallahassee, FL 32314

400003082814--5
-12/29/99--01049--005
*****78.75 *****78.75

SUBJECT: Fort Myers Bail Bonds 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 of
Status

ADDITIONAL COPY REQUIRED

FROM: Jerry Tommasulo
Name (Printed or typed)

1550 Carson St.
Address

Ft. Myers FL 33901
City, State & Zip

(941) 337-2112
Daytime Telephone number

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

FILED
DEC 29 PM 12:26
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: Fort Myers Bail Bonds Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 1550 Carson St.
Ft. Myers, FL 33901

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Jerry Tommasulo
1528 Carson St.
Ft. Myers, FL 33901

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Jerry Tommasulo
1550 Carson St.
Ft. Myers, FL 33901

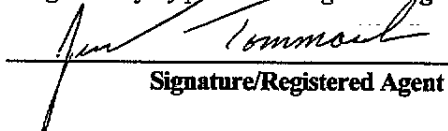

Signature/Incorporator

12-20-99

Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation 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


Signature/Registered Agent

12-20-99

Date

FILED
99 DEC 29 PM 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA