

Division of Corporations

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Florida Department of State  
Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850) 922-4001

## From:

Account Name : MART'S ACCOUNTING COMPANY  
Account Number : I20000000048  
Phone : (305) 545-9007  
Fax Number : (305) 545-9075

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TALLAHASSEE, FLORIDA

## FLORIDA PROFIT CORPORATION OR P.A.

BAIL, BONDS BY DORI'S INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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## ARTICLES OF INCORPORATION

The undersigned incorporators, for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt the following Articles of incorporation.

### ARTICLE I: NAME

The name of the corporation shall be BAIL BONDS BY DORIS, INC.

### ARTICLE II: PRINCIPAL OFFICE

The principal place of business of this corporation shall be:

300 SW 12TH AVE STE.336  
MIAMI, FL 33135

### ARTICLE III: NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the States of Florida, or any other state, country, territory or nation.

### ARTICLE IV: CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is 50 (FIFTY) no par value.

### ARTICLE V: INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Doris Segarra  
8825 NW 34 Ave. RD.  
Miami, FL 33147

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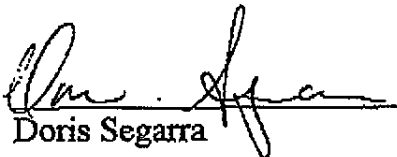
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**ARTICLE VI: INCORPORATOR (S)**

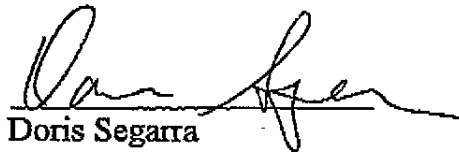
The name and address of the incorporators of these Articles of Incorporation are: **Doris Segarra**  
**8825 NW 34 Ave RD.**  
**Miami, FL 33147**

Articles of Incorporation this 16 Day of November, 2000  
Signature (s) of Incorporator(s)

  
Doris Segarra

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICES 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 THE DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT

SIGNATURE

  
Doris Segarra

DATE November 16, 2000

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