

P010000 40864

TRANSMITTAL LETTER

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

400004036034--5  
-04/20/01--01095--005  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: ART'S BAIL BONDS CORPORATION  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the articles of incorporation and check for:

\$78.75  
Filing Fee & Certificate of Status

FROM: ARTURO PAVOLINI  
3708 SOUTH JOHN YOUNG PARKWAY SUITE B  
ORLANDO, FL 32839  
(407) 839-0255

FILED  
01 APR 20 AM 3:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

F. CHESLER

APR 23 2000

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

701 A 23909

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I**                      **NAME**

The name of the corporation shall be:

ART'S BAIL BONDS CORPORATION

**ARTICLE II**                      **PRINCIPAL OFFICE**

The principal place of business/mailling address is:

3708 S. JOHN YOUNG PARKWAY SUITE B  
ORLANDO, FLORIDA 32839

**ARTICLE III**                      **PURPOSE**

The purpose for which the corporation is organized is:

BAIL BONDING AGENCY

**ARTICLE IV**                      **SHARES**

The number of shares of stock is:

6000

**ARTICLE V**                      **INITIAL OFFICERS/DIRECTORS**

The name and address:

ARTURO PAVOLINI  
3708 S. JOHN YOUNG PARKWAY SUITE B  
ORLANDO, FLORIDA 32839

**ARTICLE VI**                      **REGISTERED AGENT**

The name and Florida Street address of the registered agent is:

ARTURO PAVOLINI  
3708 S. JOHN YOUNG PARKWAY SUITE B  
ORLANDO, FLORIDA 32839

**ARTICLE VII**                      **INCORPORATOR**

The name and address of the Incorporator is:

ARTURO PAVOLINI  
3708 S. JOHN YOUNG PARKWAY SUITE B  
ORLANDO, FLORIDA 32839

\*\*\*\*\*  
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.

\_\_\_\_\_  
Signature/Registered Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature/Registered Agent

\_\_\_\_\_  
Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 APR 20 AM 3:17

FILED