# . D0/000106704

TRANSMITTAL LETTER

OI NOV-2 PM 4: 10

SECRETARY OF STATE
TALLAHASSEE. FLORIS.

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

P. O. Box 6327 Tallahassee, FL 3231	i A		
·	Bond U.S., I (PROPOSED CORPORA)		00004664 -11/02/01 *****78.75 JDE SUFFIX)
Enclosed are an origi	nal and one (1) copy of the arti	cles of incorporation and	a check for:
\$70.00 Filing Fee	<b>⊠</b> \$78.75	□ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM:	Robert McCoune Name	(Printed or typed)	
-	7815 SW 97	Place Address	
	Miami, FL 3	State & Zip	
	(305) 595-19 Daytime T	809 Felephone number	

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

## 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:

Bail Bond U.S., Inc.



## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

7815 SW 97 Place

Miami, FL 33173

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This corporation is organized for any lawful business purpose.

#### ARTICLE IV SHARES

The number of shares of stock is:

100 Shares.

# ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

|Sabel CifueNtes, 21065 SW 240 St Nergnei Fl 3303 |.

#### ARTICLE VI REGISTERED AGENT

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

Robert McConnell

7815 SW 97 Place

Miami, FL 33173

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

13abél CifUENTES ; 21065 SW 240 ST MIAKLI FT- 33031

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

| Date |