

P02000075782
TRANSMITTAL LETTER

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

800006330838--3
-07/11/02--01042--005
*****70.00 *****70.00

SUBJECT: FREEDOM BAIL BONDS OF FLORIDA, 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

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: CESAR M. COLON
Name (Printed or typed)

521 S. ANDREWS AVE. STE 6
Address

FORT LAUDERDALE FL 33301
City, State & Zip

954-474-9000
Daytime Telephone number

02 JUL 11 AM 10:15

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

F. CHESSEB JUL 12

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

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:

FREEDOM BAIL BONDS OF FLORIDA, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

521 S. ANDREWS AVE STE 6
FORT LAUDERDALE, FL 33301

ARTICLE III SHARES

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

100 SHRS

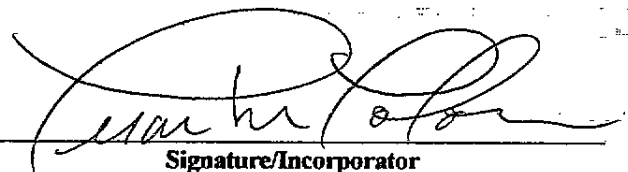
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

CESAR M. COLON
521 S. ANDREWS AVE STE. 6
FORT LAUDERDALE, FL 33301

ARTICLE V INCORPORATOR

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


Signature/Incorporator

7-9-02

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

7-9-02

Date

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SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
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