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TRANSMITTAL LETTER

DEPARTMENT OF STATE DIVISION OF CORPORATIONS PO BOX 6327 TALLAHASSEE, FL 32314

SUBJECT:

BEST BAIL BONDS OF FLORIDA, INC. (PROPOSED CORPORATE NAME)

ENCLOSED IS AN ORIGINAL AND ONE COPY OF THE ARTICLES OF INCORPORATION AND A CHECK FOR \$ 78.75.

FROM:

RICHARD L. RIESENBERG

ACCOUNTANT

644 E. HALLANDALE BEACH BOULEVARD

HALLANDALE BEACH, FL 33009

954-458-5514

ARTICLES OF INCORPORATION OF

BEST BAIL BONDS OF FLORIDA, INC.

THE UNDERSIGNED INCORPORATOR(S), FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION ACT, HEREBY ADOPT(S) THE FOLLOWING ARTICLES OF INCORPORATION:

TALLAHASS E FLORIDA

ARTICLE #1 NAME OF THE CORPORATION

BEST BAIL BONDS OF FLORIDA, INC

ARTICLE #2 PRINCIPAL OFFICE OF THE CORPORATION

1674 NW 17TH AVENUE MIAMI, FL 33125

ARTICLE #3 NUMBER OF SHARES

1000 SHARES COMMON STOCK

ARTICLE #4 INITIAL REGISTERED AGENT FOR THE CORPORATION

FRANK McGOEY 1674 NW 17TH AVE MIAMI, FL 33125

ARTICLE #5 INCORPORATOR(S)

THE NAME(S) AND STREET ADDRESSES OF THE INCORPORATOR(S) TO THESE ARTICLES OF INCORPORATION ARE:

FRANK McGOEY 1674 NW 17TH AVE MIAMI, FL 33125

THE UNDERSIGNED INCORPORATOR(S) HAS (HAVE) EXECUTED THESE ARTICLES OF INCORPORATION THIS ______DAY

OF 11 200°

SIGNATURE GRANK MEGOE

TURE FRANK M Cosag

CERTIFICATE OF DESIGNATION REGISTERED AGENT AND REGISTERED OFFICE

PERSUANT TO THE PROVISIONS OF SECTIONS 607.0501 OR 617.0501, UNDER THE FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT DESIGNATING THE REGISTERED AGENT AND THE REGISTERED OFFICE OF THE CORPORATION IN THE STATE OF FLORIDA.

- 1. NAME OF CORPORATION: BEST BAIL BONDS OF FLORIDA, INC
- 2. NAME AND ADDRESS OF RESIDENT AGENT:

FRANK McGOEY 1674 NW 17TH AVENUE MIAMI, FL 33125

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.

IGNAZURE

DATE