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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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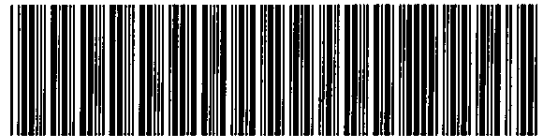
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6-29-06
410

COVER LETTER

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

SUBJECT: LIGHTENING BOLT BONDS INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: CLAUDILIS RILEY
Name (Printed or typed)

5 # NW 193 TERRACE
Address

MIAMI FL 33169
City, State & Zip

305-305-8147
Daytime Telephone 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:

LIGHTENING BAIL BONDS INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1799 N.E. 164 STREET SUITE #108
MIAMI FL. 33162.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PERFORM BAIL BONDS
SERVICES.

ARTICLE IV SHARES

The number of shares of stock is:

ONE (1)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

JACQUINTA RILEY.
5 # N.W. 193 TERRACE
MIAMI FL. 33169.

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

CLAUDIUS - RILEY.
5 # N.W. 193 TERRACE: MIA FL. 33169.

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CLAUDIUS - RILEY
5 # N.W. 193 TERRACE
MIAMI FL. 33169.

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

C. Riley

Signature/Registered Agent

C. Riley

Signature/Incorporator

6/13/06

Date

6/13/06.

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2006 JUN 19 P 4:45

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