

P06000122190

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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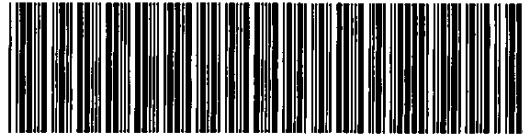
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06 SEP 22 PM 4:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
9/22

COVER LETTER

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

SUBJECT: BAIL BONDS by MARK HARRIS 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: MARK HARRIS

Name (Printed or typed)

179 NORTH NINTH STREET

Address

DEFUNIAK SPRINGS FLORIDA 32433

City, State & Zip

850-951-2575

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:

BAIL BONDS BY MARK HARRIS inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

179 north ninth street defuniak springs florida 32433

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

conduct business of bail bonding

ARTICLE IV SHARES

The number of shares of stock is:

one

ARTICLE V INTIAL OFFICERS AND/OR DIRECTORS

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

MARK HARRIS 179 NORTH NINTH STREET DEFUNIAK SPRINGS, FLORIDA 32433 PRES.

ARTICLE VI REGISTERED AGENT

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


MARK HARRIS 179 NORTH NINTH STREET DEFUNIAK SPRINGS , FLORIDA 32433

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MARK HARRIS 179 NORTH NINTH STREET DEFUNIAK SPRINGS,FLORIDA 32433

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 famillar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent



Signature/Incorporator

FILED

06 SEP 22 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9-20-06

Date

9-20-06

Date