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COVER LETTER

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

SUBJECT: MIAI	MI BAIL BONDS, IN	C.	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	l a check for:
\$70.00	\$78.75	\$78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
1 1 00	& Certificate of Status	& Certified Copy	Certified Copy
		1	& Certificate of
			Status
		ADDITIONAL CO	PY REQUIRED
	UO FOOADDA		•
FROM: L	JIS ESCARRA	(Printed or typed)	
	name	(Printed or typed)	
	7025 NW 41 STREET	-	
		Address	
	MIAMI, FL 33166		
		, State & Zip	
	305-510-8869		
		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:

MIAMI BAIL BONDS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

7025 NW 41 ST.

MAMI, FL: 33166

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

BAIL BONDS

ARTICLE IV SHARES

The number of shares of stock is:

2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Luis ESCAPRA

7025 NW 41 ST

MIRMI, FL. 33166

ARTICLE VI REGISTERED AGENT

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

LUIS ESCAPPA 7025 NW 41 8T

Miami, FL. 3316

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

LUIS ESCARRA 7025 NW 4150

MIAMI , FL. 33166

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

2. Estacea -:

Date

Out 09 2007

Comparature/Registered Agent

Date

Out 09 2007

Date

Date

07 APR 16 PM 4: 16
SECRETARY OF STATE
ALLAHASSEE FLORIN