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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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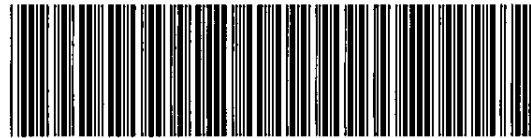
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2011 NOV 17 AM 10:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers NOV 18 2011

## COVER LETTER

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

**SUBJECT: AAA Help Bail Bond 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: Anthony L. James

Name (Printed or typed)

19 West Macclenny Avenue #107

Address

Macclenny, FL 32063

City, State & Zip

904-397-9111

Daytime Telephone number

N/A

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

**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: AAA Help Bail Bond Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
19 West Macclenny Avenue #107  
Macclenny, FL 32063

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Bail Bond Business

**ARTICLE IV SHARES**

The number of shares of stock is: 50 Shares

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: <u>Anthony L. James/President</u>	Name and Title: _____
Address: <u>11998 Sands Pointe Court</u>	Address: _____
<u>Macclenny, FL 32063</u>	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____

**ARTICLE VI REGISTERED AGENT**

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

Name: Anthony L. James  
Address: 19 West Macclenny Avenue #107  
Macclenny, FL 32063

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Anthony L. James  
Address: 11998 Sands Pointe Court  
Macclenny, FL 32063

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

Anthony L. James  
Required Signature/Registered Agent

11/15/2011  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Anthony L. James  
Required Signature/Incorporator

11/15/2011  
Date

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