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COVER LETTER

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

SUBJECT: E PARKER BAIL BONDS INC.		
(PROPOSED CORPOR	ATE NAME – <u>MUST INCLUDE SUFFIX</u>)	
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:		
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED	
FROM: ERIC G. PARKER Name (Printed or typed)		
P.O. BOX 180145	Address	
TALLAHASSEE, FLORIDA 32318-0145 City, State & Zip		
(850) 222-1133 Daytime Telephone number		
E-mail address: (to be used for future annual report notification)		

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) FILED The name of the corporation shall be: 12 MAY 23 PM 2: 01 ARTICLE II PRINCIPAL OFFICE Mailing address, if different is: P.O. BOX 180145 94 UNE VARY OF STATE Principal street address 642 WEST BREVARD STREET TALLAHASSEE, PADRIDASSES, FLORIDA TALLAHASSEE, FLORIDA 32304_ ARTICLE III PURPOSE The purpose for which the corporation is organized is: ARTICLE IV SHARES The number of shares of stock is: INITIAL OFFICERS AND/OR DIRECTORS Name and Title: ERIC G. PARKER- CEO Name and Title: P.O. BOX 180145 Address: Address: TALLAHASSEE, FLORIDA 32318 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: ERIC G. PARKER Address: 642 WEST BREVARD STREET TALLAHASSEE, FLORIDA 32304 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: ERIC G. PARKER Address: P.O. BOX 180145 TALLAHASSEE, FLORIDA 32318. 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 MAY 23, 2012 Date Required Signature/Registered Agent 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.

Required Signature/Incorporator

MAY 23, 2012

Date