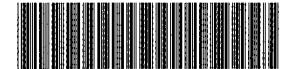
PHULLO 3568

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Nam	ne)
	, ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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14 JAN -6 PM 3: 05

A John

COVER LETTER

SUBJECT: FLORIDA PRETRIAL SERVICES, INC,
(PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX)

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

\$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 CO	DPY REQUIRED
FROM:	RONALD	JoBST (Printed or typed)	
	160 W. CF	MINO REAL	- # 17 <u>1</u>
	BOCA RA		53432-5942
	•	962 5847 Telephone number	
	•	Telephone number	m (all low

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)

The name of the corporat	TE tion shall be:	FLORI	DA	PRETRIE	١٢ :	SERVIC	ES	, I A
ARTICLE II PRI		<u>s</u>				ldress, if differe		
160 W. CAM	MINO RE	AL #M	,					
BOCA RA		•						
ARTICLE III PUR. The purpose for which the		arganized is:	-	***************************************				
PROCES					· A	Λ ~~	л Б ь	15-16
SERVIC	es Re	QUIRE	·D	<u> </u>		/ 		
						-	JA.	
							9-	11 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -
ARTICLE IV SHA	RES							
The number of shares of	stock is:	1000	_				ယ္	.45 / ⊁- 3-
ARTICLE V INIT	TIAL OFFICERS	S AND/OR DIR	ECTORS				0.7	H
	ROHALD							777
	160 W		_				·	
Address		CDM/DO	NEHC	-Address:				
	BOLA R	ATON FO	 L 3343	- -				
Name and Title:	·			Name and Title:_				
Address				Address: _				
				•				
Name and Title:	ī		·	Name and Title:_	· · · · · · · · · · · · · · · · · · ·			
Address				Address:				
				<u></u>				

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NO	T acceptable) of the registered agent is:
Name: RONALD JOBST	
Address: 160 W. CAMINO	
BOCA RATON, 1	EL 33432
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Name: RONALD JO	<u> </u>
Address: 160 W. CAn	MINO REAL #171
BOCA RATO	N FL 33432
Having been named as registered agent to accept se this certificate, I am familiar with and accept the app	rvice of process for the above stated corporation at the place designated in pointment as registered agent and agree to act in this capacity
Sould + Splest Required Signature/Regist	1/4/14 Date
V	ated herein are true. I am aware that the false information submitted in a
document to the Department of State constitutes a th	ird degree felony as provided for in s.817.155, F.S.
Ronald Ja	Bet 1/4 lix
Required Signature Inco	orporator Date