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95 JUN 16 PM 2:52
DIVISION OF CORPORATION

OFFICE USE ONLY

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-06/16/95--01077--010
****122.50 ****122.50

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. A ABBOTT A.S.A.P Bail Bonds, Inc
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in

☐ Pick up time _____

☒ Certified Copy

☐ Mail out

☒ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A. Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
95 JUN 16 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
B. REGISTER JUN 16 1995

Examiner's Initials

TRANSMITTAL LETTER

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

SUBJECT: A. AARBT A.S.A.P BAIL BONDS, INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check
for :

☐ \$70.00 ☐ \$78.75 ☒ \$122.50 ☐ \$131.25

FROM: A. AARBT A.S.A.P BAIL BONDS, INC.
Name (printed or typed)

1575 N.W. 14th Street
Address

Miami Florida. 33125
City, State & Zip

(305) 324-7777
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

OF

A ABBOTT A.S.A.P. BAIL BONDS
A ABBOTT A.S.A.P. BAIL BONDS, INC.

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: A ABBOTT A.S.A.P. BAIL BONDS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

4218 Orlando Avenue
Sanford, Florida

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is: LUCY P. CHAYKIN
1575 N.W. 14th STREET
MIAMI FLORIDA, 33125

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95 JUN PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are): Douglas Aabbott, President
1575 N.W. 14th Street
Miami Florida, 33125

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

_____ 14th _____ day of _____ June _____, 19 95 .



Signature

DOUGLAS AARBOTT, PRESIDENT

Signature

Signature

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: A. ABBOTT A.S.A.P. BAIL BONDS, INC.

2. The name and address of the registered agent and office is:

LUCY P. CHAYKIN

(Name)

1575 N.W. 14th STREET

(P.O. Box not acceptable)

MIAMI FLORIDA, 33125

(City/State/Zip)

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95 JUN 14 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Lucy P. Chaykin

(Signature)

LUCY P. CHAYKIN