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Ed Tribble  
 Florida Information Assoc. Inc.  
 Requestor's Name  
 P. O. Box 11144  
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 Tallahassee, FL 32302 878-0188  
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 98 JUL 31 PM 12:14  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Office Use Only

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

1. FLORIDA BAIL AGENTS ASSOCIATION, INC.  
 (Corporation Name) (Document #)
2. \_\_\_\_\_  
 (Corporation Name) (Document #)
3. \_\_\_\_\_  
 (Corporation Name) (Document #)
4. \_\_\_\_\_  
 (Corporation Name) (Document #)

- ☒ Walk in ☐ Pick up time \_\_\_\_\_  
☐ Mail out ☐ Will wait ☐ Photocopy

- ☐ Certified Copy ☐ Certificate of State  
 RECEIVED  
 98 JUL 31 AM 11:26  
 DIVISION OF CORPORATION

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

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JUL 31 1998

Examiner's Initials

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Articles of Incorporation*  
*of*

**FLORIDA BAIL AGENTS ASSOCIATION, INC.**

**It Is Hereby Certified That:**

1. The name of the corporation is: **FLORIDA BAIL AGENTS ASSOCIATION, INC.**

2. The purposes for which the corporation is formed are:

To engage in any act or activity for which corporations may be formed under the General Corporations Law, provided that the corporation shall not engage in any act or activity which requires the consent or approval of any State official, department, board, agency or any other body, without first having obtained such consent.

For the accomplishment of the aforesaid purposes, and in furtherance thereof, the corporation shall have and may exercise all of the powers conferred by the General Corporation Law upon corporations formed thereunder, subject to any limitations contained in any statute of the State of Florida.

3. The name and address of the initial registered agent of the corporation is:

**Beth Morris 97 Northeast 15th Street Homestead, Florida 33030**

4. The mailing address and principal place of business of the corporation is:

**97 Northeast 15th Street Homestead, Florida 33030**

5. The aggregate number of shares which the corporation shall be authorized to issue is **1,000** with **no** par value.

6. The name and address of the incorporator is:

**Kathleen Reilly 170 Washington Avenue Albany, NY 12210**

7. The corporation is to exist perpetually.

**In Witness Whereof**, the undersigned incorporator, being over the age of 21, has executed this certificate on the **16th** day of **July, 1998**

  
**Kathleen Reilly**  
**Incorporator**

**Acceptance of Appointment as Registered Agent**

I, **Beth Morris**, do hereby accept appointment as registered agent of **FLORIDA BAIL AGENTS ASSOCIATION, INC.** and am familiar with the provisions of section 607.325 of the Florida General Corporation Act.

Dated:

7/16/98

  
**Beth Morris**  
**Registered Agent**

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