

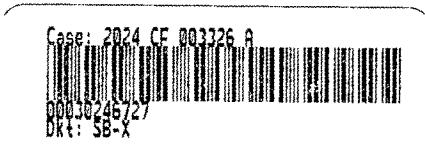
LEXINGTON NATIONAL INSURANCE CORPORATION

Po Box 6098 • Lutherville, Maryland 21094 • (410) 625-0800
GENERAL SURETY APPEARANCE BOND

SEND ALL COURT NOTICES TO:

POWER NO. 2024DD000726
ARREST/CASE NO. 012024CF008326A
STATE OF FLORIDA
VS.
MATTHEW HERNANDEZ

Tyrone Baker Bail Bonds
106 SE 11th ST
Gainesville, Florida 32641
352-330-8284
TRANSFER AGENT
Name _____
Street _____
City _____ State _____ Zip _____



In The
CIRCUIT _____ Court
ALACHUA _____ County

KNOWN ALL MEN BY THESE PRESENTS: That we, the above captioned defendant, as Principal, and Lexington National Insurance Corporation, a Florida corporation, as Surety, are held and firmly bond unto the State of Florida, and its successors, to the penal sum of \$ \$50,000.00 Dollars, for the payment whereof well and truly to be made we bind ourselves, our heirs, representatives, successors, and assigns, jointly and severally, firmly by these presents.

The condition of this obligation is such that if the said principal shall appear on TBN, 20 ____ at _____
TBN at the next regular or special term of the above captioned court only and shall submit to the said court to answer a charge of SEX ASSLT; SEX BATT 18 YR OR OLDER BY PERSON 18 YR OLDER only and shall submit to orders and process of said court and not depart same without leave, then this obligation to be void, else to remain in full force and virtue.

SIGNED AND SEALED this 14 day of OCT, A.D., 20 24.

Taken before me and approved by me
EMERY A. GAINEY
_____, Clerk/Sheriff

[Signature] (L.S.)
PRINCIPAL
LEXINGTON NATIONAL INSURANCE CORPORATION

By [Signature] 2187

By [Signature] (L.S.)
(ATTORNEY-IN-FACT) (Surety)



STATEMENT OF THE BONDSMAN

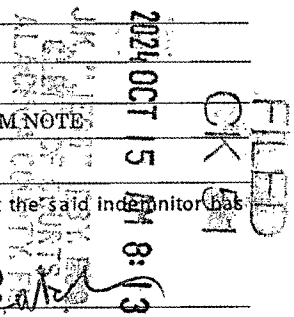
I, THE UNDERSIGNED, AM A DULY LICENSED BAIL BONDSMAN and have registered for the current year with the office of the Clerk of Courts of the aforementioned county, and have filed a certified copy of my appointment by Power of Attorney for the Surety with the office of the Clerk of Court of the aforementioned county.

That the Principal named in the foregoing bond, of (Address) _____ has (given or promised to give) the sum of _____ (\$ 50,000) Dollars as consideration for the foregoing bond, filed with the Clerk of the above captioned Court, located in said County, together with the (promise or receipt) of security belonging to: _____

as follows: (detail description and source of collateral security) (if none, so state) IDEMN AGG & PROM NOTE

That a duly signed receipt has been given to the said principal for the consideration given and/or that the said indemnitor has (also been) given a receipt for the security described above.

Agent's Signature [Signature]
Agency _____



YONKON A YN3M2

OCT 14 '24 PM3:01

The face of this document has microprinting and "VOID" when copied. Paper has a printed watermark, invisible fibers, and coin reactive authentication.



2024-DD-000726

Only the Original Power of Attorney will bind this surety.

POWER OF ATTORNEY
LEXINGTON NATIONAL INSURANCE CORPORATION

Power No: 2024-DD-000726

P.O. Box 6098, Lutherville, Maryland 21094 • 410-625-0800
info@lexingtonnational.com

THIS POWER OF ATTORNEY NULL AND VOID UNLESS USED BEFORE 1/1/25

KNOW ALL MEN BY THESE PRESENTS, that LEXINGTON NATIONAL INSURANCE CORPORATION, a corporation duly organized and existing under the laws of the State of Florida, hereby constitutes and appoints, subject to any General Qualifying Power of Attorney or other legal prerequisite, as its true and lawful attorney-in-fact the person signing below as Attorney-in-Fact, with full power and authority to sign the Company's name and affix its corporate seal to, and deliver on its behalf as surety, any and all obligations as herein provided, and the execution of such obligations in pursuance of these presents shall be as binding upon the Company as fully and to all intents and purposes as if done by the regularly elected officers of the Company at its home office in their own proper person, and the Company hereby ratifies and confirms all and whatsoever its attorney-in-fact may lawfully do and perform in the premises by virtue of these presents.

THE OBLIGATION OF THE COMPANY SHALL NOT EXCEED THE SUM OF FIFTY FIVE THOUSAND DOLLARS (55,000.00). THIS POWER OF ATTORNEY IS VOID IF ALTERED OR ERASED, VOID IF USED TO FURNISH BAIL ON THE SUBJECT BOND IN EXCESS OF THE STATED MAXIMUM AMOUNT OF THIS POWER AND VOID IF USED WITH OTHER POWERS OF THIS COMPANY OR OTHER POWERS OF OTHER COMPANIES TO MAKE BAIL ON THE SUBJECT BOND. EACH POWER OF ATTORNEY CAN ONLY BE USED ONCE AND MAY BE EXECUTED ONLY FOR RECOGNIZANCE ON CRIMINAL BAIL BONDS.

Bond Amount: \$ 50,000 **NOT VALID FOR IMMIGRATION BONDS**

Defendant: Matthew Hernandez

First Court Date: TAN Case Number: 012024CF003326A

Defendant's Address: _____

Court: Circuit County/City: Gville

Offense(s): SEX ASSAULT: SEX batt 18 YR or Older by Prison

Date of Execution: 10-14-24 Court Assigned Agent #: 18 YR Older

Attorney-in-Fact: CYRONE BAKER [Signature]

IN WITNESS WHEREOF, LEXINGTON NATIONAL INSURANCE CORPORATION, by virtue of authority conferred by its Board of Directors, has caused these presents to be sealed with its corporate seal, signed by its Chief Executive Officer and attested by its Secretary on April 9, 1996.

[Signature]
Chief Executive Officer

[Signature]
Secretary



1. A Separate Power of Attorney must be attached to each bond executed.
2. Powers of Attorney must not be returned to attorney-in-fact, but should remain in a permanent part of court records.
3. The authority of such attorney-in-fact is limited to appearance bonds and cannot be construed to guarantee defendant's future lawful conduct, adherence to release conditions, travel limitations, payment of fines, restitution, or penalties, or any other conditions imposed by a court not specifically related to court appearance.

Form # LNC-Bail-93



2024-DD-000726
Power No. 2024-DD-070726

THIS POWER OF ATTORNEY NULL AND VOID UNLESS USED BEFORE 1/1/25

EXECUTION REPORT

DISCHARGE

DISCHARGE DATE _____

COURT SIGNATURE _____

DEFENDANT _____
(PRINT OR TYPE NAME)

AGENT _____

Bond Amount: \$ 50,000.00

Attorney: _____

Defendant: M. J. ...

Indemnitor: _____

First Court Date: 11/10/24 Case Number: 24-07412-000726

Address: _____

Defendant's Address: _____

Phone Number: _____

Court: _____ County/City: ...

Gross Premium: _____

Offense(s): ...

Collateral: _____

Date of Execution: 11/10/24 Court Assigned Agent #: ...

Notes: _____

Attorney-in-Fact: _____
Print Name Signature

Form # LINC-Bail-03