

P17000039941

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 05/01/17

2 05/04/17

**Terence N. Thurson**

*Full Service Accounting Firm*

8672 Phillips Highway

Jacksonville, FL 32256

Tele: (904) 764-7717

Fax: (904) 652-0365

Email: [tntrlt1@bellsouth.net](mailto:tntrlt1@bellsouth.net)

Web: [thursonaccounting.com](http://thursonaccounting.com)

April 27, 2017

**RE: P10000064361**  
**I Bonds Inc**  
**956 Cesery Blvd**  
**Jacksonville, FL 32211**

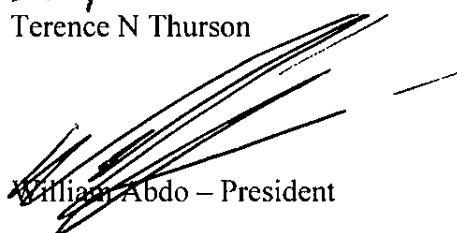
To Whom This May Concern,

The above referenced individuals are the owners of this corporation and have no plans on reinstating the old corporation. They would like to start a new corporation but with the same name.

Very Truly Yours,



Terence N Thurson



William Abdo – President

## COVER LETTER

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

**SUBJECT:** I BONDS INC

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

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

☐ \$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 COPY REQUIRED**

**FROM:** WILLIAM ABDO

Name (Printed or typed)

956 CESERY BLVD

Address

JACKSONVILLE, FL 32211

City, State & Zip

904-894-4458

Daytime Telephone number

TNTRLT1@BELLSOUTH.NET

E-mail address: (to be used for future annual report notification)

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporation shall be: T BOND INC

## JACKSONVILLE, FL 32202

JACKSONVILLE, FL 32211

The purpose for which the corporation is organized is: ANY OR ALL LAWFUL BUSINESS.

**ARTICLE IV    SHARES**                      1,000,000  
The number of shares of stock is: \_\_\_\_\_

Address 956 CESERY BLVD  
JACKSONVILLE, FL 32211

Address: 956 CESERY BLVD  
JACKSONVILLE, FL 32211

Address: \_\_\_\_\_

Address:

FILED  
17 MAY -3 AM 10:10  
SECONDARY OFFICE  
TALLAHASSEE, FLORIDA

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: WILLIAM ABDO  
Address: 956 CESERY BLVD  
JACKSONVILLE, FL 32211

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TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: TERENCE N THURSON  
Address: 8672 PHILIPS HIGHWAY  
JACKSONVILLE, FL 32256

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 05/01/2017 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

\_\_\_\_\_  
Required Signature/Registered Agent  
04/27/2017  
Date

*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  
04/27/2017  
Date