

P17000066283

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

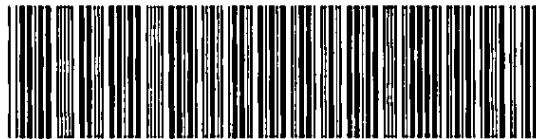
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 08 2017

K. Brumbley

Terence N. Thurson

Full Service Accounting Firm

8672 Phillips Highway

Jacksonville, FL 32256

Tele: (904) 764-7717

Fax: (904) 652-0365

Email: tntr11@bellsouth.net

Web: thursonaccounting.com

July 27, 2017

RE: P10000008527
Bill & Bill Bail Bonds No 1 Inc
Attn: William F. Abdo
956 Cesery Blvd.
Jacksonville, FL 32211

To Whom This May Concern,

The above referenced individual Mr. William F. Abdo is the owner of this corporation and has no plans on reinstating the old corporation. He would like to start a new corporation but with the same name.

Very Truly Yours,



Terence N Thurson



William F. Abdo - President

COVER LETTER

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

SUBJECT: BILL & BILL BAIL BONDS NO 1 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 F 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.

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: BILL & BILL BAIL BONDS NO 1 INC

ARTICLE II PRINCIPAL OFFICE

| | |
|---------------------------------|-----------------------------------|
| Principal <u>street</u> address | Mailing address, if different is: |
| <u>956 CESERY BLVD</u> | <u></u> |
| <u>JACKSONVILLE, FL 32211</u> | <u></u> |
| <u></u> | <u></u> |
| <u></u> | <u></u> |

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: 500

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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

| | | | |
|-----------------|----------------------------------|-----------------|-------------------------------------|
| Name and Title: | <u>WILLIAM F ABDO, PRESIDENT</u> | Name and Title: | <u>FOUZI W ABDO, VICE PRESIDENT</u> |
| Address | <u>956 CESERY BLVD</u> | Address: | <u>956 CESERY BLVD</u> |
| | <u>JACKSONVILLE, FL 32211</u> | | <u>JACKSONVILLE, FL 32211</u> |
| | <u></u> | | <u></u> |
| Name and Title: | <u></u> | Name and Title: | <u></u> |
| Address | <u></u> | Address: | <u></u> |
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| | <u></u> | | <u></u> |
| Name and Title: | <u></u> | Name and Title: | <u></u> |
| Address | <u></u> | Address: | <u></u> |
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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 F A BDO
Address: 956 CESERY BLVD
JACKSONVILLE, FL 32211

ARTICLE VII INCORPORATOR

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

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

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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

William Abdo
Required Signature/Registered Agent

7/27/17
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.

William Abdo
Required Signature/Incorporator

7/27/17
Date