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To:

Division of Corporations

fax Number : (850)617-6381

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number: I20000000195 : (850)521-0821 Phone Fax Number : (850)558-1515

**Enter the email address for this business entity to be used tarmfutgre annual report mailings. Enter only one email address please. **

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION AB FLORIDA GROUP, INC.

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

| | AME ration shall be: AB FLORIDA GROUP, IN- | C. | | |
|--|--|----------------------------------|---|--|
| | RINCIPAL OFFICE Principal street address jlan Residences, Hitteen Street | 2 N. LaSalle St., Suit | | |
| | een, Riyadh Ii Arabia [154] | Chicago, Illinois 606 | 502 | |
| | IRPOSE h the corporation is organized is: | | | |
| The transaction of an Corporation Act. | y or all lawful businesses for which corporation | ons may be incorporated under | r the Florida Business | |
| | HARES of stock is: Three Thousand Common shares v | with \$.01 par value | | |
| | ITIAL OFFICERS AND/OR DIRECTOR | | | |
| Name and Title: | | Address: | | |
| *************************************** | | | | |
| | | | | |
| Name and Title: | | Name and Title: | | |
| Address: | | _ Address: | | |
| | | | | |
| Name and Title: Address: | | Name and Title:Address: | | |
| ARTICLE VI RI | GISTERED AGENT | | 45 | |
| | a street address (P.O. Box NOT acceptable) of | the registered agent is: | A 2 | |
| Name: | Corporation Service Company | - - | | |
| Address: | 1201 Hays Street | | | |
| | Tallahassee, FL 32301 | _ | ASS ASS | |
| | CORPORATOR | | | |
| The name and address Name: | s of the Incorporator is: Michael J. Tuchman | | | |
| Address: | 2 N. LaSalle St., Suite 1300 | - - | ES 20 mm | |
| | Chicago, Illinois 60602 | - - | RATE OF THE PARTY | |
| | | istered agent and agree to act t | | |
| By Willia | w. M. Edrugton William | n M. Edrington | 3-12-2012 | |
| | Required Signature Registered Agent | rized Representative | Date | |
| Y 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. | | | | |
| 122 | 1 | | March 12, 2012 | |
| Michael J. Tuchmar | Required Signature/Incorporator | | March 12, 2012 Date | |