

TRANSMITTAL LETTER

P99000102528

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

500003049915--1
-11/19/99--01076--010
*****78.75 *****78.75

SUBJECT: AIBB-Consultans Group Inc.
(Proposed corporate name - must include suffix)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 NOV 19 AM 8:29

FILED

Enclosed is 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: Eve Sardi
Name (Printed or typed)

101 Briny Ave Suite 1705
Address

Pompano Beach, Fl. 33062
City, State & Zip

954-785-6008
Daytime Telephone number

R. CHESLER NOV 24 1999

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

29956101

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

AIBD Consultants Group Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

101 Briny Ave Suite 1705 Pompano Beach Fl. 33062

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100. @ \$1.00 ea.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Eve Sardi 101 Briny Ave Suite 1705, Pompano Beach Fl. 33062

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Eve Sardi 101 Briny Ave Suite 1705 Pompano Beach Fl. 33062




Signature/Incorporator

Nov. 18/99

Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent



Signature/Registered Agent

11-18-99

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 NOV 19 AM 8:29

FILED