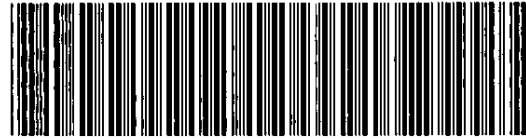


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06/29/11--01014--002 **78.75

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

APR 29 2011
11 JUN 29 PM 2:39
APR 29 2011

COVER LETTER

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

SUBJECT: AB Trading Properties, 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

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: William Allard
Name (Printed or typed)

5444 Park Blvd., Suite 201
Address

Pinellas Park, FL 33781
City, State & Zip

727-455-8833
Daytime Telephone number

abtr2@tampabay.rr.com
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: AB Trading Properties, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
5444 Park Blvd., Suite 201
Pinellas Park, FL 33781

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Real estate activities

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: William Allard, President
Address: 5444 Park Blvd., Suite 201
Pinellas Park, FL 33781

Name and Title: _____
Address: _____

Name and Title: William Allard, Secretary
Address: 5444 Park Blvd., Suite 201
Pinellas Park, FL 33781

Name and Title: _____
Address: _____

Name and Title: Erik Allard, Vice President
Address: 5444 Park Blvd., Suite 201
Pinellas Park, FL 33781

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: William Allard
Address: 5444 Park Blvd., Suite 201
Pinellas Park, FL 33781

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RECEIVED
STATE OF FLORIDA
DEPARTMENT OF STATE

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: William Allard
Address: 5444 Park Blvd., Suite 201
Pinellas Park, FL 33781

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

W. Allard
Required Signature/Registered Agent

June 23, 2011
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.

W. Allard
Required Signature/Incorporator

June 23, 2011
Date