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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850) 617-6381

From:  
Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850) 521-0821  
Fax Number : (850) 558-1515

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

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

**FLORIDA PROFIT/NON PROFIT CORPORATION  
AB FLORIDA GROUP (JACLYN), INC.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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Corporate Filing Menu

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TALLAHASSEE, FLORIDA

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## ARTICLES OF INCORPORATION

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

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**ARTICLE I NAME**

The name of the corporation shall be: AB FLORIDA GROUP (IACLYN), INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
 AlAjlan Residences, Hitteen Street  
 Hitteen, Riyadh  
 Saudia Arabia 11541

Mailing address, if different is:  
 2 N. LaSalle St., Suite 1300  
 Chicago, Illinois 60602

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The transaction of any or all lawful businesses for which corporations may be incorporated under the Florida Business Corporation Act.

**ARTICLE IV SHARES**

The number of shares of stock is: Three Thousand Common shares with \$.01 par value

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
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: Corporation Service Company  
 Address: 1201 Hays Street  
 Tallahassee, FL 32301

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Michael St. Peter  
 Address: 2 N. LaSalle St., Suite 1300  
 Chicago, Illinois 60602

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  
 Corporation Service Company

By:

Betsy Pierce

BETSY PIERCE  
Accountant Vice President

06/12/2012

Required Signature/Registered Agent

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.

Michael St. Peter

Required Signature/Incorporator

June 12, 2012

Date