

P13000096355

Division of Corporations

P 1 of 1

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

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

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FLORIDA DEPARTMENT OF STATE
ALLAHABAD, FLORIDA

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Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
AB REALTY SERVICES, INC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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H13000263609

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 REALTY SERVICES, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

2780 N.E. 183rd Street Apt 315

Aventura FL. 33160

Mailing address, if different is:

2780 N.E. 183rd Street Apt 315

Aventura FL. 33160

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any Legal Business Activity
Permitted in the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

100 (one hundred)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Christian M. SPINA - P

Address: 2780 N.E. 183rd Street # 315

Aventura FL. 33160

Name and Title:

Address:

Name and Title: Gabriel G. SPINA - V/P

Address: 2780 N.E. 183rd Street # 315

Aventura FL. 33160

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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STATE OF FLORIDA

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(cont.)

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: Christian M. SPINA
Address: 2780 N.E. 183rd Street Apt 315
Aventura FL. 33160

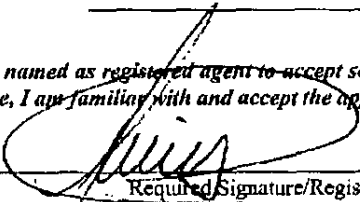
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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Christian M. SPINA
Address: 2780 N.E. 183rd Street Apt 315
Aventura FL. 33160

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


Required Signature/Registered Agent

11/30/2013

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.


Required Signature/Incorporator

11/30/2013

Date