

PH4000085324

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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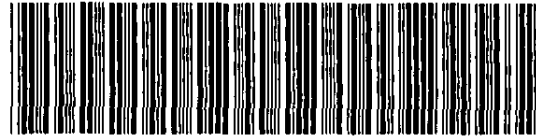
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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MD 10/20



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 341455 7175508

AUTHORIZATION :

[Signature]

COST LIMIT : \$ 70.00

ORDER DATE : October 17, 2014

ORDER TIME : 11:30 AM

ORDER NO. : 341455-005

CUSTOMER NO: 7175508

14 OCT 17 PM 8:47
CLERK OF SUPERIOR COURT
STATE OF FLORIDA

DOMESTIC FILING

NAME: AB FLORIDA GROUP (WATERSTONE),
INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP
 ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT. 62935

EXAMINER'S INITIALS: _____

COVER LETTER

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

SUBJECT: AB FLORIDA GROUP (WATERSTONE), 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

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: LEVENFELD PEARLSTEIN, LLC
Name (Printed or typed)
2 NORTH LASALLE STREET, SUITE 1300
Address
CHICAGO, ILLINOIS 60602
City, State & Zip
(312) 346-8380
Daytime Telephone number
lpagents@llegal.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 AB FLORIDA GROUP (WATERSTONE), INC.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address _____

Behind Tawunniya Building _____

Olaya Commercial P.O. Box 42468 _____

Riyadh 11541 Saudi Arabia _____

Mailing address, if different is: _____

2 North LaSalle Street, Suite 1300 _____

Chicago, Illinois 60602 _____

ARTICLE III PURPOSE The transaction of any or all lawful businesses for which
The purpose for which the corporation is organized is: _____
corporations may be incorporated under the Florida Business Corporation Act.

ARTICLE IV SHARES 3,000 with \$.01 par value
The number of shares of stock is: _____

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: _____

(conti.)

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

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CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Michael St. Peter
Address: 2 North LaSalle Street, 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

By: Courtney Williams October 17, 2014
Asst. Vice President Date
Required Signature/Registered Agent

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.

[Signature] October 17, 2014
Required Signature/Incorporator Date