

08/12/2032 06:24

#33 P. 2/3

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H14000242025 3)))



H140002420253ABCU

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 OCT 17 PM 11:57

**\*\*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 ADVERTISING INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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Corporate Filing Menu

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und 10/20



October 16, 2014

FLORIDA DEPARTMENT OF STATE

Division of Corporations

LAZARUS CORPORATE FILING SERVICE, INC.

SUBJECT: AB ADVERTISING INC  
REF: W14000063173

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

If you have any further questions concerning your document, please call (850) 245-6052.

Maryanne Dickey  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H14000242025  
Letter Number: 914A00022225

RECEIVED  
14 OCT 17 PM 4:59  
OFFICE OF THE  
CLERK OF THE  
SUPREME COURT  
TALLAHASSEE, FLORIDA

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

H14000242025

**ARTICLE I NAME:** The name of the corporation is:

AB ADVERTISING, INC

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

229 SW 103 CT. MIAMI FL  
33174DELEGATED TO STATE  
TALLAHASSEE, FLORIDA

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FILED

**ARTICLE III SHARES:** The number of shares of stock is:

100

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

ARIAN VALDES (P)

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

ARIAN VALDES

229 SW 103 CT

MIAMI FL 33174

**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

ARIAN VALDES

229 SW 103 CT

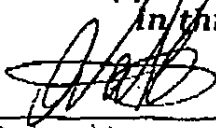
MIAMI FL 33174

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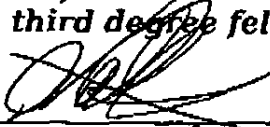
**Required Signatures:**

***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***

  
\_\_\_\_\_  
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.***

  
\_\_\_\_\_  
Incorporator

\_\_\_\_\_  
Date

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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