

P16000051342

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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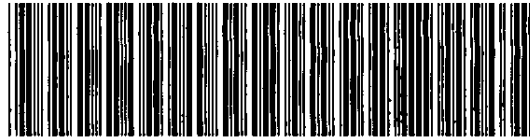
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TREASURY

COVER LETTER

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

SUBJECT: IRBFL, 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: KIM ABEL
Name (Printed or typed)
1734 E BOSTON STREET STE. 103
Address
GILBERT, AZ 85295
City, State & Zip
480-478-4515
Daytime Telephone number
kim@esquiregroup.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: IRBFL, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

VILLA A-55, FROND A

PALM JUMEIRAH

DUBAI, UNITED ARAB EMIRATES

Mailing address, if different is:

P. O. BOX 625351

DUBAI, UNITED ARAB EMIRATES

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: A Holding Company to buy, sell, hold or otherwise deal in tangible or intangible business investments.

ARTICLE IV SHARES

The number of shares of stock is: 5000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SUSANNE RIEL, DIRECTOR

Name and Title: _____

Address P. O. BOX 625351

Address: _____

DUBAI, UNITED ARAB EMIRATES

Name and Title: SUSANNE RIEL, PRESIDENT

Name and Title: _____

Address P. O. BOX 625351

Address: _____

DUBAI, UNITED ARAB EMIRATES

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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DUBAI, UNITED ARAB EMIRATES

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: INCORP SERVICES, INC. _____

Address: 17888 67TH COURT NORTH _____

LOXAHATCHEE, FL 33470 _____

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ESQUIRE CORPORATE SERVICES _____

Address: 1734 E BOSTON STREET STE 103 _____

GILBERT, AZ 85295 _____

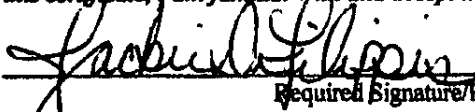
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

 Jackie DeFilippis on behalf of InCorp Services, Inc. 6/2/16
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.

 _____
Required Signature/Incorporator Date 6-1-16