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

From:
Account Name : EXPRESS BUSINESS & TAX SERVICES INC
Account Number : I20220000138
Phone : (786)239-9353
Fax Number : (305)675-8465

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

Email Address: _____

2025 JUN 20 PM 4:55

FLORIDA PROFIT/NON PROFIT CORPORATION
AB BUSINESS PRO INC

Certificate of Status	1
Certified Copy	1
Page Count	05
Estimated Charge	$87.50

2025 JUN 20 AM 2:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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Electronic Filing Menu Corporate Filing Menu Help

COVER LETTER

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

SUBJECT: AB BUSINESS PRO 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: AB BUSINESS PRO INC
Name (Printed or typed)

541 E 9TH STREET
Address

HIALEAH, FL 33010
City, State & Zip

305-364-5123
Daytime Telephone number

AIMET@EXPRESSTAXSVCS.COM
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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TALLAHASSEE, FLORIDA

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 BUSINESS PRO INC

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

541 E 9TH STREET

HIALEAH, FL 33010

Mailing address, if different is:

541 E 9TH STREET

HIALEAH, FL 33010

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ALL LAWFUL PURPOSE

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: AMIT BISWAS, PRESIDENT

Address 541 E 9TH STREET
HIALEAH, FL 33010

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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: AMIT BISWAS

Address: 541 E 9TH STREET

HIALEAH, FL 33010

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: AMIT BISWAS

Address: 541 E 9TH STREET

HIALEAH, FL 33010

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 days prior or 90 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

Amit Biswas 06/20/2025

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.

Amit Biswas 06/20/2025

Required Signature/Incorporator Date

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