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.

(((H25000220564 3)))



H250002205643ABC-

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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

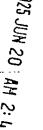
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:___

FLORIDA PROFIT/NON PROFIT CORPORATION AB BUSINESS PRO INC

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Electronic Filing Menu Corporate Filing Menu

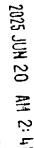


COVER LETTER

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

SUBJECT: AB	BUSINESS PRO INC		
	(PROPOSED CORPORA	TE NAME - <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	l a check for:
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM:	AB BUSINESS PRO INC	c (Printed or typed)	
	541 E 9TH STREET		
		Address	······································
	HIALEAH, FL 33010		
	City.	State & Zip	
	305-364-5123		
	Daytime 1	elephone number	
	AIMET@EXPRESSTAXS\	/CS.COM	
	E-mail address: (to be used	for future annual report r	otification)

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 The name of the	NAME corporation shall be:	AB BUSINESS F	PRO INC		·
	PRINCIPAL OFF	<u>ICE</u>		Mailing address, if different is	:
541 E 9TI	HSTREET		5	41 E 9TH STREET	
HIALEAH	I, FL 33010		i	HIALEAH, FL 33010	
ARTICLE III The purpose for	PURPOSE which the corporation	on is organized is: ALI	L LAWFUL PURPOS	SE	
ARTICLE V	hares of stock is:	000 RS <u>and/or directo</u> r	<u>रह</u>		
Name a	and Talle:AMIT E	BISWAS, PRESIDEN	TName and Title	:	
Addres	C44 C	711 070007	Address.		
	<u> </u>	AH, FL 33010			
			·····		
Name a	nd Title:		Name and Title	::	
Addres			Address:		
Name a	nd Title:		Name and Title	= = = = = = = = = = = = = = = = = = = =	}
Addres			Address:	LL AH	
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				. , , , , , , , , , , , , , , , , , , ,) हुँ सम्बद्धाः
				FLORI	

Name a	and Title:	Name and Title:
Addre	ess	Address:
ADTICLE DI	REGISTERED AGENT	
	Florida street address (P.O. Box NOT acceptab	le) 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	
Effective date, i	I EFFECTIVE DATE: if other than the date of filing: date is listed, the date must be specific and c	. (OPTIONAL) annot be more than five days prior or 90 days after the
	ite inserted in this block does not meet the applic effective date on the Department of State's reco	cable statutory filing requirements, this date will not be listed ords.
•	amed as registered agent to accept service of proc a familiar with and accept the appointment as reg	ess for the above stated corporation at the place designated in gistered agent and agree to act in this capacity
Am	rit Biswas	06/20/2025
	Required Signature/Registered Agent	Date
	ocument and affirm that the facts stated herein e Department of State constitutes a third degree j	are true. I am aware that the false information submitted if felony as provided for in s.817.155, F.S.
Amit E	ク・	06/20/2025
	rure/Incorporator	00/20/2023