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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 : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-0821
Fax Number : (850) 558-1515

**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 FLORIDA GROUP (JACLYN), INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
12 JUN 12 PM 1:47

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TALLAHASSEE, FLORIDA

12 JUN 12 PM 4:03

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114

ARTICLES OF INCORPORATION

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

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ARTICLE I NAME

The name of the corporation shall be: AB FLORIDA GROUP (IACLYN), INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
AlAjlan Residences, Hitteen Street
Hitteen, Riyadh
Saudi Arabia 11541

Mailing address, if different is:
2 N. LaSalle St., Suite 1300
Chicago, Illinois 60602

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The transaction of any or all lawful businesses for which corporations may be incorporated under the Florida Business Corporation Act.

ARTICLE IV SHARES

The number of shares of stock is: Three Thousand Common shares with \$.01 par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Address: (repeated for multiple officers/directors)

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NO' acceptable) of the registered agent is:

Name: Corporation Service Company
Address: 1201 Hays Street
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Michael St. Peter
Address: 2 N. LaSalle St., 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: [Signature] Required Signature/Registered Agent Date: 06/12/2012

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] Required Signature/Incorporator Date: June 12, 2012