

P/4000068784

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

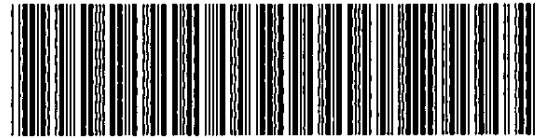
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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RECEIVED  
DEPARTMENT OF STATE  
SECTION OF CORPORATIONS  
2014 AUG 18 PM 1:54  
TO ACQUAINTANCE  
SUFFICIENCY OF FILING

FILED  
14 AUG 18 AM 8:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*K 08/19/14*



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 260254 7175508

AUTHORIZATION :

COST LIMIT : \$87.50

*Lyndee*

ORDER DATE : August 18, 2014

ORDER TIME : 11:30 AM

ORDER NO. : 260254-005

CUSTOMER NO: 7175508

DOMESTIC FILING

NAME: AB FLORIDA GROUP (WHISPERING ISLES) II, INC.

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
 CERTIFICATE OF LIMITED PARTNERSHIP  
 ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
 PLAIN STAMPED COPY  
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT. 62935

EXAMINER'S INITIALS: \_\_\_\_\_

**COVER LETTER**

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

**SUBJECT:** AB FLORIDA GROUP (WHISPERING ISLES) II, 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:** LEVENFELD PEARLSTEIN, LLC  
Name (Printed or typed)  
2 N. LASALLE ST., STE. 1300  
Address  
CHICAGO, ILLINOIS 60602  
City, State & Zip  
3123468380  
Daytime Telephone number  
lpagents@lplegal.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: AB FLORIDA GROUP (WHISPERING ISLES) II, INC.

**ARTICLE II PRINCIPAL OFFICE**

|  |                                    |
|--|------------------------------------|
| Principal <u>street</u> address        | Mailing address, if different is:  |
| <u>Behind Tawunniya Building</u>       | <u>2 N. LASALLE ST., STE. 1300</u> |
| <u>Olaya Commercial P.O. Box 42468</u> | <u>CHICAGO, ILLINOIS 60602</u>     |
| <u>Riyadh 11541 Saudi Arabia</u>       |                                    |

**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: 3,000 with \$.01 par value

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

|                       |                       |
|-----------------------|-----------------------|
| Name and Title: _____ | Name and Title: _____ |
| Address _____         | Address: _____        |
| _____                 | _____                 |
| _____                 | _____                 |
| Name and Title: _____ | Name and Title: _____ |
| Address _____         | Address: _____        |
| _____                 | _____                 |
| _____                 | _____                 |
| Name and Title: _____ | Name and Title: _____ |
| Address _____         | Address: _____        |
| _____                 | _____                 |
| _____                 | _____                 |

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(cont.)

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

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**ARTICLE VII INCORPORATOR**


The name and address of the Incorporator is:

Name: Marc S. Zaslavsky  
 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:  **Troy Todd**  
 Required Signature/Registered Agent **as its agent** August 2014  
 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 August 15, 2014  
 Date