

PH4000085324

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

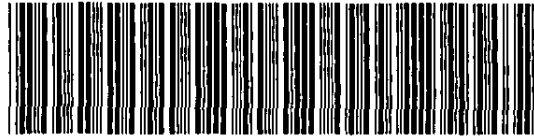
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SOLICITOR OF STATE
TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE
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MD 10/20



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 341455 7175508

AUTHORIZATION : *[Signature]*

COST LIMIT : \$70.00

ORDER DATE : October 17, 2014

ORDER TIME : 11:30 AM

ORDER NO. : 341455-005

CUSTOMER NO: 7175508

STATE OF FLORIDA
TALLAHASSEE, FLORIDA
14 OCT 17 PM 8:47
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DOMESTIC FILING

NAME: AB FLORIDA GROUP (WATERSTONE),
INC.

EFFECTIVE DATE:

- XX ARTICLES OF INCORPORATION
- CERTIFICATE OF LIMITED PARTNERSHIP
- ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX 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 (WATERSTONE), 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 NORTH LASALLE STREET, SUITE 1300

Address

CHICAGO, ILLINOIS 60602

City, State & Zip

(312) 346-8380

Daytime Telephone number

lpagents@llegal.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 (WATERSTONE), INC.

ARTICLE II PRINCIPAL OFFICE
Principal street address

Behind Tawunniya Building

Olaya Commercial P.O. Box 42468

Riyadh 11541 Saudi Arabia

Mailing address, if different is:

2 North LaSalle Street, Suite 1300

Chicago, Illinois 60602

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CLERK OF DISTRICT COURT
STATE OF 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 3,000 with \$.01 par value
The number of shares of stock is: _____

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: _____

(conti.)

Name and Title: _____ Name and Title: _____
 Address _____ Address: _____

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 TALLAHASSEE, FLORIDA

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

ARTICLE VII INCORPORATOR

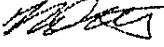
The name and address of the Incorporator is:

Name: Michael St. Peter
 Address: 2 North LaSalle Street, 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
 Corporation Service Company

By:  **Courtney Williams** October 17, 2014
 Required Signature/Registered Agent **Asst. Vice President** 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.

 October 17, 2014
 Required Signature/Incorporator Date