

7/2/2010

Division of Corporations

Florida Department of State

Division of Corporations

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## FOREIGN PROFIT/NONPROFIT CORPORATION

Sabre Advisors Ltd. Inc.

Certificate of Status	1
Certified Copy	0
Page Count	95 04
Estimated Charge	\$78.75

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July 6, 2010

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

HUBSO

SUBJECT: SABRE ADVISORS LTD.  
REF: W10000031839

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

If you have any further questions concerning your document, please call (850) 245-6929.

Justin M Shivers  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H10000153611  
Letter Number: 310A00016331

P.O BOX 6327 - Tallahassee, Florida 32314

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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Sabre Advisors Ltd. Inc.

(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION"  
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New York 3. \_\_\_\_\_

(State or country under the law of which it is incorporated)

(FBI number, if applicable)

4. March 11, 2008 5. Perpetual

(Date of incorporation)

(Duration: Year corp. will cease to exist or "perpetual")

6. \_\_\_\_\_

(Date first transacted business in Florida if prior to registration.)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 3737 Collins Avenue, Suite N 604, Miami, FL 33139

(Principal office address)

3737 Collins Avenue, Suite N 604, Miami, FL 33139

(Current mailing address)

8. Consulting Services

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Alexander Sabour

Office Address: 3737 Collins Avenue, Suite N 604

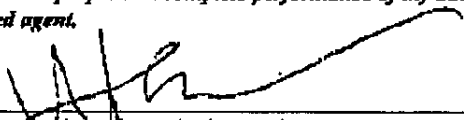
Miami, Florida, 33139

(City)

(Zip code)

10. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors:

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**A. DIRECTORS** (Street address only - P.O. Box NOT acceptable)

Chairman: Alexander Sabour

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Address: 3737 Collins Avenue, Suite N 604, Miami, FL 33139

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Alexander Sabour

Address: 3737 Collins Avenue, Suite N 604, Miami, FL 33139

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. \_\_\_\_\_

(Signature of Director, or Officer listed in number 12 of the application)

14. \_\_\_\_\_

Alexander Sabour - President

(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**State of New York  
Department of State } ss:**

I hereby certify, that the Certificate of Incorporation of SARRE ADVISORS LTD. was filed on 03/11/2008, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



\*\*\*

*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 30th day of June  
two thousand and ten.*

Daniel Shapiro  
First Deputy Secretary of State