

F18000001570

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

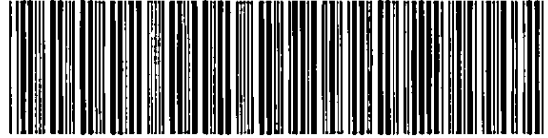
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

name
W17-99790

Office Use Only



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12/18/17--01018--012 **76.75

FILED

18 APR -2 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O SIMMONS
APR 04 2018



March 28, 2018

Octavia L. Simmons
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RECEIVED

APR 02 2018

Re: Application by Foreign Corp. for Authorization
to Transact Business in Florida for Sabree, Inc.
Ref. #: W17000099790

Dear Ms. Simmons:

Pursuant to your letter to me of March 8, 2018, attached please find the certificate of existence from the State of Maryland, Department of Assessments and Taxation. I tried faxing it to you to the fax no. provided by your office a couple of times, but it does not go thru. So, I am mailing it to you instead.

Please let me know that Sabree, Inc. is certified to transact business in Florida as soon as possible.

Should you have any questions or concerns, please do not hesitate to contact me at 443-936-9117; email: cmalik@sabreeinc.com. Thank you for your consideration and attention to this matter.

Sincerely yours,

Camille Malik
Executive Assistant
Sabree, Inc.



9687 Gerwig Lane Suite A • Columbia, MD 21046
Phone: (443) 741-4310 • Fax: (443) 276-6868
www.SABREEINC.com



March 1, 2018

Octavia L. Simmons
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Application by Foreign Corp. for Authorization
to Transact Business in Florida for Sabree, Inc.
Ref. #: W17000099790

Dear Ms. Simmons:

Pursuant to our telephone conversation earlier this week, you notified me that all we needed to have our company's name released for authorization to transact business in Florida, was to have Mr. Phillip Galbraith provide a letter stating his dissolution of and release the name of Sabree, Inc.

Attached please find aforementioned letter signed from Mr. Galbraith.

Should you have any questions or concerns, please do not hesitate to contact me at 443-936-9117; email: cmalik@sabreeinc.com. Thank you for your consideration and attention to this matter.

Sincerely yours,

Camille Malik
Executive Assistant
Sabree, Inc.



9687 Gerwig Lane Suite A • Columbia, MD 21046
Phone: (443) 741-4310 • Fax: (443) 276-6868
www.SABREEINC.com



February 15, 2018

Octavia L. Simmons
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Application by Foreign Corp. for Authorization
to Transact Business in Florida for Sabree, Inc.
Ref. #: Letter # 817A00025585

RECEIVED
FEB 20 2018

Dear Ms. Simmons:

Sabree, Inc. has received notification from Phil Galbraith of Capitol Risk Solutions about the voluntary dissolution of the Florida Corp. he set up in 2016 under the name of Sabree, Inc. Because of his actions, we (the original Sabree, Inc.) was denied the right to file our application in December 2017, which you notified us by letter stating the same.

Attached please find all the documents relating to the dissolution of the Corp. #P16000010047. I am also enclosing our original Application of Sabree, Inc. and related documents, so that we may be granted the permission to proceed with the authorization to transact business in Florida. I do believe that your office withheld our filing fee in the form of a company check in the amount of \$78.75.

Should you have any questions or concerns, please do not hesitate to contact me at 443-936-9117; email: cmalik@sabreeinc.com. Thank you for your consideration and attention to this matter.

Sincerely yours,

Camille Malik
Executive Assistant
Sabree, Inc.



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SABREE, INC.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

TAJUDDIN I. SABREE

Name of Person

SABREE, INC.

Firm/Company

8687 GERWIG LANE, SUITE A

Address

COLUMBIA, MARYLAND 21046

City/State and Zip code

tajuddin@sabreeinc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CAMILLE MALIK

443

936-9117

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☒ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

Phillip R. Galbraith
2275 Research Blvd, Suite 500
Rockville, MD 20850

March 1, 2018

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: W17000099790

Attn: Division of Corporations

I have released the name of Sabree, Inc. by filing the Articles of Dissolution, and I have no intention of ever using this name again in the future.

Sincerely,

A handwritten signature in black ink, appearing to be 'P. Galbraith', with a long horizontal flourish extending to the right.

Phillip Galbraith

**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.*

SABREE, INC.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

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

2. MARYLAND 3. 06-1794009
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. SEPTEMBER 28, 2006 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 9687 GERWIG LANE, SUITE A, COLUMBIA, MARYLAND 21046
(Principal office address)

9687 GERWIG LANE, SUITE A, COLUMBIA, MARYLAND 21046
(Current mailing address, if different)

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

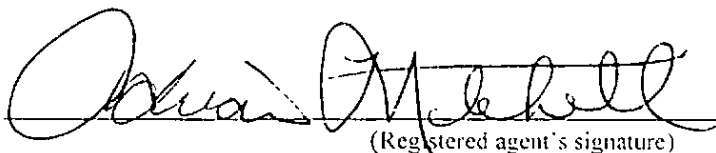
Name: ADRIAN MITCHELL

Office Address: 103 WESTVIEW AVENUE

VALPARAISO 32580
_____, Florida _____
(City) (Zip code)

9. 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)

10. 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.

FILED
APR -2 AM 9:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: N/A

Address: _____

Vice Chairman: N/A

Address: _____

Director: N/A

Address: _____

Director: N/A

Address: _____

B. OFFICERS

President: TAJUDDIN I. SABREE

Address: 9687 GERWIG LANE, SUITE A

COLUMBIA, MARYLAND 21046

Vice President: N/A

Address: _____

Secretary: N/A

Address: _____

Treasurer: N/A

Address: _____

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

12. N/A 

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. TAJUDDIN I. SABREE, PRESIDENT/CEO

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

FILED
APR -2 PM 9:26
18
SECRETARY OF STATE
TALLAHASSEE FLORIDA

STATE OF MARYLAND

Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT SABREE, INC. (DI1532850), INCORPORATED SEPTEMBER 28, 2006, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS MARCH 23, 2018.



Michael L. Higgs
Director



301 West Preston Street, Baltimore, Maryland 21201
Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

Online Certificate Authentication Code: 3Dn_DM2MTUaF_IYD3SOYXw
To verify the Authentication Code, visit <http://dat.maryland.gov/verify>