(Requestor's Name)
(Toquester o Harrey
(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:

Office Use Only

G. MCLEOD

SEP 15 2008

**EXAMINER** 



000135539120

09/11/08--01014--020 \*\*130.00

### **COVER LETTER**

TO:	_	ration Section on of Corpora								
SUBJ	ECT: _	SAB			ERPRIS					
Florid	la," Cert	"Application lificate of Exisen any to transac	tence, and	d check a	re submitted					
Please	e return a	all correspond	ence cond	erning th	is matter to t	the follow	ing:			
		Ç	SADA	TH	U. KH	AN	•			
	-				(Name of Pe	rson)				
		ی	Babin	a Eu	terprise (Firm/Comp	e8. L	LC			
	•				(Firm/Comp	any)				
		6	Ma	rine	(Address	VL s)				
		Ra	ndol	<i>PL</i> , (City	NJ y/State and Z	0786 (ip Code)	59-1	252	<u> </u>	
For fu	rther inf	ormation cond								
		ADATH (Nam	KH e of Perso	AN on)	at (_ <b>&amp;</b>	<b>20 (</b> ) ea Code &	<b>786</b> Daytin	787 ne Telepl	7- 7590 none Numb	Q er)
	Division P.O. B	ING ADDRE on of Corporat ox 6327 assee, FL 323	ions		Divisio Clifton 2661 E	ET ADDI on of Corp Building executive Cossee, FL	orations Center C			
Enclos		check for the f 00 Filing Fee	ollowing <b>X</b> \$130.0	0 Filing Fe	e & □\$155 te of Status	5.00 Filing F Certific	Fee & [ ed Copy	<b>\$160.0</b> 0	Filing Fee, C of Status &	Certificate Certified Copy

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503. FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. SABINA ENTERPRISES, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.") 2. NEW JERSEY
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 20-8921773
(FEI number, if applicable)
NJ#0600298048 4. APril 25, 2007
(Date of Organization) 5. (Duration: Year limited liability company will cease to exist or "perpetual") August 18, 2008

(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability) 6 MARINER DRIVE RANDOLPH, NJ 07869-1252
(Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: SADATH U. KHAN, 6 Mariner Dr. Randolf4, NJ07869 HASINA B. KHAN, 6 Mariner Dr. Randolph, NJ 07869 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: <u>Investment froperties</u> for Short-term rental Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Typed or printed name of signee

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:
SABINA ENTERPRISES, LLC
If name unavailable, the alternate name to be used in the state of Florida is:
2. The name and the Florida street address of the registered agent and office are:
RAQUEL D'SARONNO
Pro Vacation Rentals, Inc.
Florida Street Address (P.O. Box NOT ACCEPTABLE)
Florida Street Address (P.O. Box NOT ACCEPTABLE)
Kissimmee FL 34746 City/State/Zip
City/State/Zip
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.  (Signature)
(Signature)

Filing Fee for Application
Designation of Registered Agent

Certified Copy (optional)
Certificate of Status (optional)

\$ 100.00

\$ 25.00 \$ 30.00

\$ 5.00

# STATE OF NEW JERSEY DEPARTMENT OF TREASURY SHORT FORM STANDING

#### SABINA ENTERPRISES, LLC

0600298048

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on April 25, 2007.

As of the date of this certificate, said business continues as an active business in the State of New Jersey. Annual Reports are outstanding for the following year(s):

2008

I further certify that the registered agent and registered office are:

Steven Abramoff 101 N. Washington Ave Suite 1a Margate City, NJ 08402



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 29th day of August, 2008

R. David Rousseau State Treasurer

Verify this certificate at https://www1.state.nj.us/TYTR\_StandingCert/JSP/Verify\_Cert.jsp