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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. SABRI INSURANCE CORP.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

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NEW FILINGS

- ☒ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials

**ARTICLES OF INCORPORATION
OF
SABRI INSURANCE CORP.**

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DIVISION OF CORPORATIONS

2009 JAN -7 PM 12: 04

THE UNDERSIGNED, ACTING AS INCORPORATOR OF A CORPORATION UNDER THE
FLORIDA GENERAL CORPORATION ACT, ADOPTS THE FOLLOWING ARTICLES OF
INCORPORATION:

ARTICLE I

The name and address of the corporation:

SABRI INSURANCE CORP.
13420 NW 32 AVE
OPA LOCKA, FL 33054

ARTICLE II

The period of its duration is perpetual

ARTICLE III

The date and time of the commencement of the corporate existence shall be the date of the filing of these
Articles by the Department of State.

ARTICLE IV

The purpose(s) for which the corporation is organized is to engage in the transaction of any or all-Lawful
business for which the corporation may be incorporated under the Florida General Corporation Act.

ARTICLE V

The aggregate number of shares, which corporation shall have authority to issue, is one hundred (100) shares
of capital stock, \$ 1.00 par value.

ARTICLE VI

The number of directors constituting the initial Board of Directors of the corporation are one (1) and the names
and addresses of the person(s) who are to serve as director(s) until the first annual meeting of shareholders or
until the successors are elected and qualified are:

PRESIDENT RAIZA CHACON 13420 NW 32 AVE OPA LOCKA, FL 33054

ARTICLE VII

The shares of Capital stock of this corporation shall be issued to the following person(s):

Name	Address	Shares
RAIZA CHACON	13420 NW 32 AVE OPA LOCKA FL 33054	100%

ARTICLE VIII

The name and address of the incorporator and the address of the principal office is:

RAIZA CHACON
13420 NW 32 AVE
OPA LOCKA FL 33054

ARTICLE IX

The name and address of the initial registered agent is:

RAIZA CHACON
13420 NW 32 AVE
OPA LOCKA FL 33054

Date: January 6, 2009

x Raiza Chacon
Incorporator

x Raiza Chacon
Initial Registered Agent

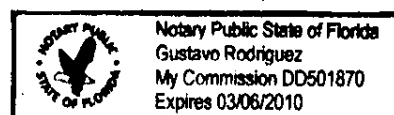
STATE OF FLORIDA
COUNTY OF MIAMI-DADE

The foregoing instrument was acknowledged before me this January 6, 2009, RAIZA CHACON the
Incorporator, Who is personally known to me and who did take an oath

G Rodriguez

Gustavo Rodriguez Notary Public
State of Florida at Large

My commission Expires:



CERTIFICATE OF DESIGNATION-REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statute, the undersigned corporation, organized corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

The name of the corporation is. **SABRI INSURANCE CORP.**

The name and address of the registered office is:

**RAIZA CHACON
13420 NW 32 AVE
OPA LOCKA FL 33054**

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Signature: X Raiza Chacon
Title: INCORPORATOR
Date: January 6, 2009

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

Signature: X Raiza Chacon
Title: Registered Agent
Date: January 6, 2009