

**EXAMINER**

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SABAT INSURANCE GROUP, INC.  
Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

CALEB SABAT

Contact Person

SABAT INSURANCE GROUP, INC.

Firm/Company

125 SOUTH SWOOPE AVENUE SUITE 210

Address

MAITLAND, FL 32751

City, State and Zip Code

CTKSP@HOTMAIL.COM

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

For further information concerning this matter, please call:

CALEB SABAT

Name of Contact Person

at ( 407 ) 595-3305

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:



\$105.00 Filing Fees



\$113.75 Filing Fees  
and Certificate of  
Status



\$113.75 Filing Fees  
and Certified Copy



\$122.50 Filing Fees,  
Certified Copy, and  
Certificate of Status

**STREET 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

**Certificate of Conversion**  
For  
**"Other Business Entity"**  
Into  
**Florida Profit Corporation**

FILED  
10 MAR -8 PM 12:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

This Certificate of Conversion **and attached Articles of Incorporation** are submitted to convert the following **"Other Business Entity"** into a **Florida Profit Corporation** in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

SABAT INSURANCE GROUP, LLC  
Enter Name of Other Business Entity

2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY  
(Enter entity type. Example: limited liability company, limited partnership,  
general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of FLORIDA L10-13578  
(Enter state, or if a non-U.S. entity, the name of the country)

on FEBRUARY 1, 2010  
Enter date "Other Business Entity" was first organized, formed or incorporated

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

FLORIDA

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation:**

SABAT INSURANCE GROUP, INC.  
Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: MARCH 4, 2010.  
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; **AND** 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)

Signed this 4<sup>th</sup> day of MARCH, 20 10

**Required Signature for Florida Profit Corporation:**

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: [Signature]

Printed Name: CALEB SABAT Title: PRESIDENT

**Required Signature(s) on behalf of Other Business Entity:** [See below for required signature(s).]

Signature: [Signature]

Printed Name: CALEB SABAT Title: MGM

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**If Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of ALL General Partners.

**If Florida Limited Liability Company:**

Signature of a Member or Authorized Representative.

**All others:**

Signature of an authorized person.

**Fees:**

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$ 8.75 (Optional)
Certificate of Status:	\$ 8.75 (Optional)

FILED  
10 MAR -8 PM 12:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

SABAT INSURANCE GROUP, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

125 SOUTH SWOOPE AVE. SUITE 210  
MAITLAND, FL 32751

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Insurance Service

**ARTICLE IV SHARES**

The number of shares of stock is:

1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

CALEB SABAT, P 230 S. 1ST STREET, OCOEE FL, 34761  
TIMOTHY SABAT, VP 230 S. 1ST STREET, OCOEE FL 34761  
Karissa Pierson, Treasurer 220. Cherokee Ct. Altamonte Springs FL 32701  
unit 106

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

CALEB SABAT 230 S. 1ST STREET, OCOEE FL 34761

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

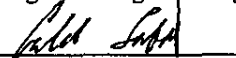
CALEB SABAT 230 S. 1ST STREET OCOEE, FL 34761

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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

  
\_\_\_\_\_  
Signature/Registered Agent

3-4-2010  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

3-4-2010  
\_\_\_\_\_  
Date

FILED  
10 MAR - 8 PM 12:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA