

P10000049440

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

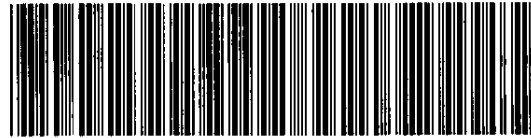
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6-14-10 CR

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: SABINE ENTERPRISES, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: Sabine Louissaint Wallock
Name (Printed or typed)

17913 SW 5th Street
Address

Pembroke Pines, Florida 33029
City, State & Zip

954.499.7310
Daytime Telephone number

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

NOTE: Please provide the original and one copy of the articles.

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:

SABINE ENTERPRISES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

17913 SW 5th STREET,

Pembroke Pines, Florida 33029

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS PERMITTED

ARTICLE IV SHARES

The number of shares of stock is:

FIVE HUNDRED (500) SHARES @ US\$1.00 PER SHARE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

SABINE LOUISSAINT
WALLOCK, PRESIDENT
17913 SW 5TH STREET,
PEMBROKE PINES, FL
33029

ARTICLE VI REGISTERED AGENT

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

SABINE LOUISSAINT WALLOCK, 17913 SW 5TH STREET,
Pembroke Pines, Florida 33029

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

SABINE LOUISSAINT WALLOCK, 17913 SW 5TH STREET,
Pembroke Pines, Florida 33029

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TALLAHASSEE, FLORIDA

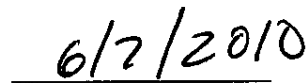
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

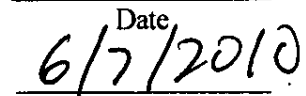


Signature/Registered Agent



Signature/Incorporator



Date


Date