

P11 0000028500

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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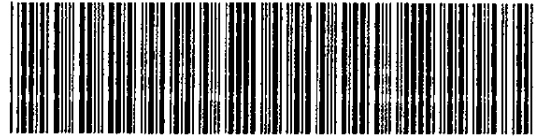
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## COVER LETTER

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

**SUBJECT: BY SABIN INTERNATIONAL, CORP.**

(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: RALPH I. SABIN**

Name (Printed or typed)

**11397 DARLINGTON DRIVE**

Address

**ORLANDO, FLORIDA 32837**

City, State & Zip

**(407) 484-1272**

Daytime Telephone number

**BYSABIN@AOL.COM**

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**

BY SABIN INTERNATIONAL, CORP.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
11397 DARLINGTON DRIVE  
ORLANDO, FLORIDA 32837

Mailing address, if different is:  
11397 DARLINGTON DRIVE  
ORLANDO, FLORIDA 32837

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
ANY AND ALL LAWFUL BUSINESS.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: RALPH I. SABIN, PRESIDENT  
Address: 11397 DARLINGTON DRIVE  
ORLANDO, FLORIDA 32837

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: RALPH I. SABIN  
Address: 11397 DARLINGTON DRIVE  
ORLANDO, FLORIDA 32837

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

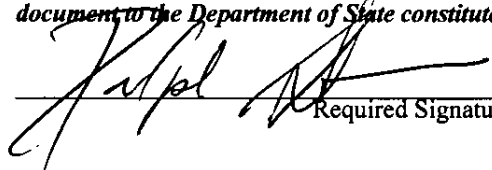
Name: RALPH I. SABIN  
Address: 11397 DARLINGTON DRIVE  
ORLANDO, FLORIDA 32837

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

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

03/17/2011  
\_\_\_\_\_  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

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

03/17/2011  
\_\_\_\_\_  
Date