

P11000064710

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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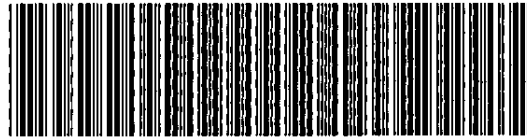
(Business Entity Name)

(Document Number)

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06/30/11--01010--002 **87.50

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11 JUL 18 PM 3:08

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRS
7/19

1111 25284

COVER LETTER

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

SUBJECT: SABER-MEDICAL SERVICES, 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: SABER-MEDICAL SERVICES, CORP.

Name (Printed or typed)

3990 West Flagler Street-Suite #103

Address

Miami, Florida 33134-1644

City, State & Zip

(305) 443-9170

Daytime Telephone number

spicado@saberinc.com

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

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



RECEIVED

11 JUL 18 AM 10:38

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 1, 2011

SABER, CORP
3990 WEST FLAGLER STREET
SUITE #103
MIAMI, FL 33134-1644

SUBJECT: SABER, CORP.
Ref. Number: W11000035308

We have received your document for SABER, CORP. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap
Regulatory Specialist II
New Filing Section

Letter Number: 211A00015877

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

11 JUL 18 PM 3:08

ARTICLE I NAME

The name of the corporation shall be:

SABER-MEDICAL SERVICES, CORP.-

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address
3990 West Flagler Street-Suite 103
Miami, Florida 33134-1644

Mailing address, if different is:

3990 West Flagler Street-Suite 103
Miami, Florida 33134-1644

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose for which this corporation is organized is to act in any and all lawful business under State of Florida law.

ARTICLE IV SHARES

The number of shares of stock is: 100 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Fernando J. Obeso-P/D
Address: 3990 West Flagler Street-Suite 103
Miami, Florida 33134-1644

Name and Title: _____
Address: _____

Name and Title: Josefina B. Habib-VP/D
Address: 3990 West Flagler Street-Suite 103
Miami, Florida 33134-1644

Name and Title: _____
Address: _____

Name and Title: Maria C. Palacios-S/T/D
Address: 3990 West Flagler Street-Suite 103
Miami, Florida 33134-1644

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

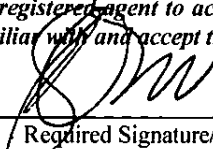
Name: Fernando J. Obeso
Address: 3990 West Flagler Street-Suite 103
Miami, Florida 33134-1644

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Josefina B. Habib
Address: 3990 West Flagler Street-Suite 103
Miami, Florida 33134-1644

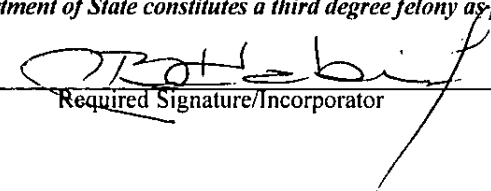
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

July 14, 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

July 14, 2011

Date