

# PI20000604020

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

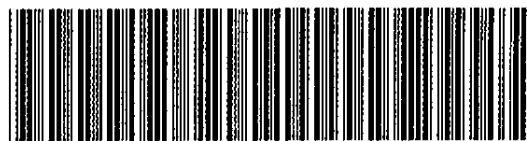
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



000237546580

FILING CANCELLED  
RETURNED CHECK

07/20/12--01023--013 \*\*78.75

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JUL 20 PH 2:20

en 7/23/12

## COVER LETTER

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

**SUBJECT: Sabre Cay Consulting, 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     \$78.75  
Filing Fee    Filing Fee  
                  & Certificate of Status

\$78.75  
Filing Fee  
                  & Certified Copy  
 \$87.50  
Filing Fee,  
Certified Copy  
                  & Certificate of  
                  Status

**ADDITIONAL COPY REQUIRED**

**FROM: Mark Montgomery**

Name (Printed or typed)

**10661 Airport Pulling Road E. Suite 16F**

Address

**Naples, FL 34109**

City, State & Zip

**239-431-5706**

Daytime Telephone number

**mark@sabrecayconsulting.com**

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

12 JUL 20 PM 2:20  
RECEIVED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**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: **Sabre Cay Consulting, Inc.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

### ARTICLE II PRINCIPAL OFFICE

Principal street address  
**10661 Airport Pulling Road N**  
**Suite 16F**  
**Naples, FL 34109**

12 JUL 20 PH 2: 20

Mailing address, if different is:

---

---

---

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

**Any lawful business**

**FILING CANCELLED  
RETURNED CHECK**

### ARTICLE IV SHARES

The number of shares of stock is: **2000**

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Mark Montgomery, CEO** Name and Title: \_\_\_\_\_  
Address: **10661 Airport Pulling Road N** Address: \_\_\_\_\_  
**Suite 16F** \_\_\_\_\_  
**Naples, FL 34109** \_\_\_\_\_

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

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

### ARTICLE VI REGISTERED AGENT

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

Name: **Mark Montgomery**  
Address: **10661 Airport Pulling Rd N Ste 16F**  
**Naples, FL 34109**

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **Mark Montgomery**  
Address: **10661 Airport Pulling Rd N Ste 16F**  
**Naples, FL 34109**

*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*

Mark Montgomery

Required Signature/Registered Agent

07/17/2012

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.*

Mark Montgomery

Required Signature/Incorporator

07/17/2012

Date