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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : YOUR CAPITAL CONNECTION, INC.
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA PROFIT/NON PROFIT CORPORATION
SABINA INSURANCE GROUP, INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$78.75

09/04/13

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CAPITAL CONNECTION

NO. 5373

P. 2

COVER LETTER

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

SUBJECT: SABINA INSURANCE GROUP, 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: SABINA INSURANCE GROUP, Inc.

Name (Printed or typed)

14738 SW 132 Avenue

Address

Miami, FL 33186

City, State & Zip

305 496-0222

Daytime Telephone number

johnsabina@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, P.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: **SABINA INSURANCE GROUP, Inc****ARTICLE II PRINCIPAL OFFICE**Principal street address
14738 SW 132 Avenue
Miami FL 33186

Mailing address, if different is:

ARTICLE III PURPOSEThe purpose for which the corporation is organized is:
Insurance brokers**ARTICLE IV SHARES**The number of shares of stock is **100****ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: **John G. Sabina, President**
Address: **14738 SW 132 Avenue**
Miami FL 33186Name 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: **John G. Sabina**
Address: **14738 SW 132 Avenue**
Miami FL 33186**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **John G. Sabina**
Address: **14738 SW 132 Avenue**
Miami FL 33186*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

09/03/2013

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

09/03/2013

Date

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