# F180000002849

| (Requestor's Name)                      |  |  |  |  |
|---|--|--|--|--|
| (Address)                               |  |  |  |  |
| (Address)                               |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
| (Document Number)                       |  |  |  |  |
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#### FLORIDA FILING & SEARCH SERVICES, INC.

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DATE: 6/18/18

NAME: SAGE ENGINEERING, INC

TYPE OF FILING: APPLICATION

COST: 70.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE Q 4 5 4 5 4 5

#### **COVER LETTER**

|   | egistration Sec<br>vision of Corr |                                |              |  |                                |   |  |
|---|-----------------------------------|--------------------------------|--------------|--|--------------------------------|---|--|
|   | SAGE EN                           | GINEERING, INC.                |              |  |                                |   |  |
| SUBJEC  | T:                                | Name of                        | corporatio   | n - m  | ust include suffix             |   |  |
|   |                                   | rume or                        | corporatio   |  | dot morate sum.                |   |  |
| Dear Sir o  | r Madam:                          |                                |              |  |                                |   |  |
| "Certificat   | e of Existence                    |                                | f Good Sta   | nding  | ;" and check are sub           | et Business in Florida,"<br>mitted to register the              |  |
| Please retu<br>ABIGAIL  |                                   | ondence concerning             | g this matte | er to t  | he following:                  |   |  |
|   |                                   |                                | Name of      | Pers   |                                |   |  |
| UNISEAR   | CH, INC.                          |                                | ·            |  | •                              |   |  |
|   | •                                 |                                | Firm/Co      | npan;  | y                              |   |  |
| P.O. BOX  | 1221                              |                                |              |  |                                |   |  |
|   |                                   |                                | Add          | ress   |                                | <del> </del>  |  |
| WESTCLI   | FFE, CO 81252                     |                                |              |  |                                |   |  |
|   |                                   | -                              | City/State   | and Z  | ip code                        |   |  |
| unisop@ur   | isearch.com                       |                                |              |  |                                |   |  |
|   |                                   | E-mail address: (              | to be used   | for fi   | ature annual report r          | notification)   |  |
| For further   | r information o                   | concerning this mat            | ter, please  | call;  |                                |   |  |
| Abigail Hall  |                                   | 303                            |              | 957-4050   |                                |   |  |
| N N   | ame of Person                     |                                | Area Co      |  | Daytime Telepl                 | hone Number   |  |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |                                   |                                |              | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |                                |   |  |
| Enclosed i  | s a check for t                   | he following amou              | nt:          |  |                                |   |  |
| \$70.00   | Filing Fee                        | S78.75 Filing I Certificate of |              |  | 8.75 Filing Fee & rtified Copy | S87.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy |  |

### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

| SAGE ENGINE  1            | ERING, INC.  orporation; must include "INCORPORATED," * | COMPANY " "CORPORATION   |                             |  |  |
|---------------------------|---|--|-----------------------------|--|--|
|                           | orp," "Inc." "Co," or "Corp.")                          | COMPANT, CORPORATION   | •                           |  |  |
|                           |   |  |                             |  |  |
|                           |   |  |                             |  |  |
| (If name unavaila         | able in Florida, enter alternate corporate name ad      | opted for the purpose of transacting   | g business in Florida)      |  |  |
| IDAHO                     | 3   |  |                             |  |  |
|                           | y under the law of which it is incorporated)            | (FEI number, if ap   | (FEI number, if applicable) |  |  |
| 01/02/2014                |   |  |                             |  |  |
| T                         | of incorporation) 5                                     | (Date of duration, if other than perpetual)  |                             |  |  |
|                           | •   | •  | • • •                       |  |  |
|                           | (Date first transacted business in F                    | Florida if prior to registration)  |                             |  |  |
|                           | (SEE SECTIONS 607.1501 & 607.150                        | 2, F.S., to determine penalty liabili  | ty)                         |  |  |
| 1693 S. CORONA            | ADO AVENUE, BOISE, ID 83709                             |  |                             |  |  |
| ·                         | (Principal  | office address)  |                             |  |  |
|                           | ,   | ,  |                             |  |  |
| <del></del>               | (Current mailing address, if different)                 |  | - 2                         |  |  |
|                           | (Outroit maning   | and one of the state of the sta |                             |  |  |
| Name and stree            | et address of Florida registered agent: (P.O.           | Roy NOT acceptable)  |                             |  |  |
| . I tame and <u>sirec</u> | Unisearch, Inc.   | box <u>NOT</u> acceptable)   | 8358                        |  |  |
| Name:                     |   | <del></del>  | F9 2                        |  |  |
| Office Address:           | 155 Office Plaza Drive                                  |  | AH IO:<br>OF STA            |  |  |
|                           | Tallahassee   | 32301  | == o                        |  |  |
|                           |   | , Florida  | 5. Q                        |  |  |
|                           | (City)  | (Zip code)   |                             |  |  |

#### 9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Tenic Stap (Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

|            | ECTORS  BRIAN D SMITH   |             |        |  |  |  |  |  |
|------------|---|-------------|--------|--|--|--|--|--|
| Address:   | 1693 S. CORONADO AVENUE   |             |        |  |  |  |  |  |
|            | BOISE, ID 83709   |             |        |  |  |  |  |  |
| Vice Chai  | rman:   |             |        |  |  |  |  |  |
| Address:   | <del></del>   |             |        |  |  |  |  |  |
| Director:  |   |             |        |  |  |  |  |  |
|            |   |             |        |  |  |  |  |  |
| Director:  |   |             |        |  |  |  |  |  |
| Address:   | · · · · · · · · · · · · · · · · · · ·   | <u></u> .   |        |  |  |  |  |  |
| B. OFF     | ICERS   |             |        |  |  |  |  |  |
| President: | BRIAN D SMITH   | <u> </u>    | ·      |  |  |  |  |  |
| Address:   | 1693 S CORONADO AVENUE  | <u>₩</u> α  | ٢,     |  |  |  |  |  |
|            | BOISE, ID 83709   | # 51<br>FLC | F      |  |  |  |  |  |
| Vice Presi | BRIAN D SMITH   |             | л<br>л |  |  |  |  |  |
| Address:   | 1693 S CORONADO AVENUE  |             |        |  |  |  |  |  |
|            | BOISE, ID 83709   |             |        |  |  |  |  |  |
| Secretary: | DEBRA A SMITH   |             |        |  |  |  |  |  |
| Address:   | 1693 S CORONADO AVENUE, BOISE, ID 83709   |             |        |  |  |  |  |  |
| Treasurer: | DEBRA A SMITH   |             |        |  |  |  |  |  |
| Address:   | 1693 S CORONADO AVENUE, BOISE, ID 83709   |             |        |  |  |  |  |  |
|            | If necessary, you may attach an addendum to the application listing additional officers   | and/or dire | ctors. |  |  |  |  |  |
| are true a | Signature of Director or Officer ser or director signing this document (and who is listed in number 11 above) affirms that and that he or she is aware that false information submitted in a document to the Depart agree felony as provided for in s.817.155, F.S. |             |        |  |  |  |  |  |
|            | (Typed or printed name and canacity of person signing application)  |             |        |  |  |  |  |  |

## State of Idaho

Office of the Secretary of State

#### CERTIFICATE OF EXISTENCE

OF

#### SAGE ENGINEERING, INC.

File Number C-200729

I, LAWERENCE DENNEY, Secretary of State of the State of Idaho, hereby certify that I am the custodian of the corporation records of this State.

I FURTHER CERTIFY That the records of this office show that the above-named corporation was incorporated under the laws of Idaho on 1/02/2014.

I FURTHER CERTIFY That the corporation is in goodstanding on the records of this office.

Dated: 6/18/2018 10:56 AM



SECRETARY OF STATE

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