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COVER LETTER

TO: Registration Sec Division of Corp					
SUBJECT: SAGAMO	DRE MANAGEMENT CO				
30b3EC1	Name of corpor	ration - must	include suffix		
Dear Sir or Madam:					
"Certificate of Existence	on by Foreign Corporation "or "Certificate of Good corporation to transact b	l Standing" ar	nd check are subn		
Please return all correspondent	ondence concerning this n	natter to the f	ollowing:		
EDWARD HURLEY					
	Nan	ne of Person		<u> </u>	2021
AMBROSIO & BELLOT	TI CPA'S PC				S T
	Firm	/Company			<u>-</u> <u>u</u>
155 PINELAWN ROAD S	STE 220N			SS &	
		Address		S III	
MELVILLE, NY 11747				FL	
	City/S	tate and Zip c	ode		
EDHURLEY@AMBROS	IOBELLOTTI.COM				
	E-mail address: (to be t	used for futur	e annual report ne	otification)	
For further information (concerning this matter, ple	ease call:			
EDWARD HURLEY	RD HURLEY 516 932-4900 at ()				
Name of Persor		a Code	Daytime Teleph	ione Number	•
Registration Sec Division of Corp The Centre of T	porations allahassee e Street, Suite 810		MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, FI	ection rporations	
Enclosed is a check for the Please make check payable \$70.00 Filing Fee	the following amount: to: FLORIDA DEPARTN S78.75 Filing Fee & Certificate of Status	□ \$78.75	ATE 5 Filing Fee & ied Copy	S87.50 Filin Certificate of Certified Co	of Status &

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.

1	MANAGEMENT CO					
	corporation; must include "INCORPORATE corp," "Inc." "Co," or "Corp.")	ED.	" "COMPANY," "CORPORATION,"			
(If name unavail	able in Florida, enter alternate corporate na	me	adopted for the purpose of transacting b	usiness ir	r Florid	<u>a)</u>
2. DELAWARE		3. 46-3090176				
(State or counti	ry under the law of which it is incorporated)	3. (FEI number, if applicable)				
4. JULY 2, 2013		5.				
(Date of incorporation)		(Date of duration, if other than perpetual)				
6						
			n Florida, if prior to registration) 502, F.S., to determine penalty liability)	ري (1) د د	202	
7 6017 PINE RIDO	GE ROAD PMB 450 NAPLES, FL 34119			CRE ALL	2021 JAN	
	(Principal	offi	ce <u>street</u> address)	SAHAS 0	သ	CHARLE I
	(Current ma	ailir	g address. if different)	OF STA	0:1 H4	Ċ
8. Name and street	et address of Florida registered agent: (P.C). Box NOT acceptable)		0	
Name:	RICHARD FORMAN					
Office Address:	6017 PINE RIDGE ROAD PMB 450					
	NAPLES, FL		, Florida			
	(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.

(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.

A. DIRECTORS				
□ Chairman	Name: RICHARD FORMAN	□Chairman	Name:	
□Vice Chairman	Address:6017 PINE RIDGE ROAD	□Vice Chairman	Address:	
□Director	PMB 450	□Director		
■ President	NAPLES, FL 34119	□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	□Secretary	□Treasurer	
□Other	□Other	□Other	□Other	
□ Chuirman	Name:	□Chairman	Name	
			Name:	
	Address:	□ Vice Chairman	Address:	
□Director		□Director		
□President		□President		
□Vice President		□ Vice President	2021 SEC	
□ Secretary	□Treasurer	□Secretary	Treasure T	
□Other	□Other	□Other		
□Chairman	Name:	□Chairman	SSEE, FI	
□Vice Chairman	Address:	□Vice Chairman		
□ Director	Address.	□ Director	Address.	
□President		□President		
□Vice President		□Vice President		
☐ Secretary	□Treasurer	□Secretary	□Treasurer	
Other	Other	□Other	□Other	
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.				
Signature of Director or Officer				
The officer or directly in the first	eter signing this document (and who is listed in number	11 above) affirms th	at the facts stated herein are true and that he or	

she is aware that 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.

13. RICHARD FORMAN

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SAGAMORE MANAGEMENT CO." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF NOVEMBER, A.D.

2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE

BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 204153631

Date: 11-24-20

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