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(Cit	ty/State/Zip/Phone	#)
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Certified Copies	Certificates	of Status
		
Special Instructions to	Filing Officer:	
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Office Use Only



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C. LEWIS

DEC 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 10, 2009

HOWARD GRUNDLAND 9601 NW 14TH STREET PLANTATION, FL 33322

SUBJECT: SAGE1 LLC.

Ref. Number: W09000053788

We have received your document for SAGE1 LLC. and your check(s) totaling \$130.00. 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 administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

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) 245-6047.

Letter Number: 609A00037700

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

COVER LETTER

TO:	Registration Division of C			
SUBJI	ECT:	•	SAGE1	
		Name of Limi	ted Liability Company	
The en	closed Articles	of Organization and fee(s) are	submitted for filing.	
Please	return all corres	pondence concerning this mat	tter to the following:	
		Ho	ward Grundland	
			Name of Person	
			Firm/Company	
		9601	N.W. 14th Street	
			Address	
			ation, Florida 33322 ty/State and Zip Code	
			vgrund@aol.com for future annual report notification	
For fur	ther information	E-mail address: (to be used concerning this matter, pleas)
				044 0000
		rd Grundland of Person	at (954) Area Code & Daytime T	elephone Number
Enclos	sed is a check f	or the following amount:		
7]\$ 125.	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section	Street/Courier Addre Registration Section	<u> </u>
		Division of Corporations	Division of Corporation	ons
		P.O. Box 6327 Tallahassee, FL 32314	Clifton Building	- Cirolo

Tallahassee, FL 32301

2 OPTION

COVER LETTER

	tration Section ion of Corporations
SUBJECT:	SGEA 1 LLC
	Name of Limited Liability Company
The enclosed A	Articles of Organization and fee(s) are submitted for filing.
Please return a	Il correspondence concerning this matter to the following:
	Howard Grundland
	Name of Person
	Firm/Company
	9601 NW 14th Street
	Address
	Plantation, Florida 33322
	City/State and Zip Code
	howgrund@aol.com E-mail address: (to be used for future annual report notification)
For further info	ormation concerning this matter, please call:
<u> </u>	Howard Grundland at (954) 914-3960
	Name of Person Area Code & Daytime Telephone Number
Enclosed is a	check for the following amount:
]\$125.00 Filir	rig Fee \$\int_\$130.00 Filing Fee & \$\int_\$\$155.00 Filing Fee & \$\int_\$\$\$\$\$ Certificate of Status & Certified Copy (additional copy is enclosed) \$\int_\$\$ Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

so	SEA 1 LLC
	mited Liability Company," "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
9601 NW 14th Street	9601 NW 14th Street
Plantation, Florida 33322	Plantation, Florida 33322
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.)	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another s of the registered agent are:
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street addres	own Registered Agent. You must designate an individual or another
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street addres	own Registered Agent. You must designate an individual or another
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street addres	s of the registered agent are: ward Grundland Name Name
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street addres Ho	s of the registered agent are: ward Grundland Name 1 NW 14th Street
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street addres Ho 960	s of the registered agent are: ward Grundland Name 1 NW 14th Street
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street addres Ho 960	own Registered Agent. You must designate an individual or another s of the registered agent are: ward Grundland Name 1 NW 14th Street dress (P.O. Box NOT acceptable)

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

"MGR" = Manager "MGRM" = Managing Member	Name and Address:	TÄLLÄHÄSSEE
MGR	Howard Grundland	
	9601 N.W. 14th Street	
	Plantation, FLorida 33322	
	•	
 		
(Use attachment if necessary)		
,	ne date of filing:	(OPTIONAL)
ICLE V: Effective date, if other than th	ne date of filing:	
ICLE V: Effective date, if other than the effective date is listed, the date must		
ICLE V: Effective date, if other than the effective date is listed, the date must be 90 days after the date of filing.)		
ICLE V: Effective date, if other than the effective date is listed, the date must be 90 days after the date of filing.) REQUIRED SIGNATURE:	be specific and cannot be more than fiv	e business days prio
ICLE V: Effective date, if other than the effective date is listed, the date must be 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of this document conthat the facts stated here.	be specific and cannot be more than fix ber or an authorized representative of a mem section 608.408(3), Florida Statutes, the executive astitutes an affirmation under the penalties of penerein are true.)	ve business days prio
ICLE V: Effective date, if other than the effective date is listed, the date must be 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of this document conthat the facts stated here.	be specific and cannot be more than fix ber or an authorized representative of a mem section 608.408(3), Florida Statutes, the executive stitutes an affirmation under the penalties of pe	ve business days prior

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)