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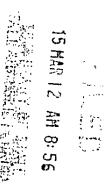
610- duly
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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January 15, 2015

WILLIAM TRUSS 17800 NW 14 ST PEMBROKE PINES, FL 33029

SUBJECT: SAGECITY SAVVY-1 LLC

Ref. Number: W15000002999

We have received your document for SAGECITY SAVVY-1 LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

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) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 615A00000872

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SAGE CITY SAVVY-1, LLC (Name of Resulting Florida Limited Company)
(Name of Resulting Florida Limited Company)
The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning this matter to:
WILLIAM TRUSS (Contact Person)
SAGE CITY SAVVY -1, LLC
(/ initial company)
17800 NW 14 ST (Address)
(Address)
Pem Broke Pines FL 33029 (City, State and Zip Code)
ADULT LCISURE @ hotmail. com E-mail Address: (to be used for future sanual report notifications)
E-mail Address: (to be used for future sanual report notifications)
For further information concerning this matter, please call:
TERRY SANTINI CPA 11 954, 474-9000 X 104
TERRY SANTINI CPA at (954) 474-9000 X 104 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\begin{array}{c} \text{\$\$\subseteq\$} \$\$\s
STREET ADDRESS: MAILING ADDRESS:
Registration Section Registration Section
Division of Corporations Division of Corporations
Clifton Building P. O. Box 6327 2661 Executive Center Circle Tellphones FL 32314

Tallahassee, FL 32301

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: SAGE CITU SAVVU - 1 JNC.
SAGE CITY SAVVY-1 INC (Enter Name of Other Business Entity)
2. The "Other Business Entity" is a COR PORATION.
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws ofFLORIDA
on $11-29-2010$ (Enter state, or if a non-U.S. entity, the name of the country)
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
SAGE CITY SAVVY - 1, LLC (Enter Name of Florida Limited Liability Company)
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 1-1-2015.
(The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 days after the
date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)
date listed in the intached Afficies of Organization, if an effective date is fisted therein.)
5. The plan of conversion has been approved in accordance with all applicable statutes.
Page 1 of 2

Signed this 31 day of December 20 14.
Signature of Authorized Representative of Limited Liability Company:
Signature of Authorized Representative: William Signature of Authorized Representative: William TRUSS Title: AMBR
Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]
Signature: William TRUSS Title: President
Signature: Title:
Signature: Title:
Signature: Title:
Signature: Printed Name: Title:
Signature: Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign.
If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.
If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners.
All others: Signature of an authorized person.
Fees:
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: \$25.00 \$125.00 \$125.00 \$125.00 Coptional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SAGE CITY SAVVY (Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
17800 NW 14 ST Pembroke Pines FL 33029	SAME
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the re	egistered agent are:
WILLIAM TRI Name	USS AR A
17800 NW 14	f ST
Florida street address (P.O.	
Pembroke Pine	S FL 33029
City	Zip
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capacit	accept service of process for the above stated limited this certificate, I hereby accept the appointment as by. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and

(CONTINUED)

Registered Agent's Signature (REQUIRED)

accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager Am B R	WILLIAM TRUSS 17800 NW 14 ST pembroke Pines FL 33029
mBR	TOANN TRUSS 17800 NW 14 ST PEMBROKE PINCS FL 33029
•	
an effective date is listed, the date must l	e date of filing:
RTICLE V: Effective date, if other than the an effective date is listed, the date must lor 90 days after the date of filing.)	e date of filing:
RTICLE V: Effective date, if other than the an effective date is listed, the date must lor 90 days after the date of filing.)	e date of filing: (OPTIONAL) be specific and cannot be more than five business days price
RTICLE V: Effective date, if other than the an effective date is listed, the date must lor 90 days after the date of filing.)	date of filing:
RTICLE V: Effective date, if other than the an effective date is listed, the date must lear 90 days after the date of filing.) RTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.0203 (In constitutes an affirmation under the pena	or an authorized representative of a member. (b), Florida Statutes, the execution of this document of this document of the behavior of a document to the Department of State.
RTICLE V: Effective date, if other than the f an effective date is listed, the date must I or 90 days after the date of filing.) RTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.0203 (1 constitutes an affirmation under the pena I am aware that any false information subconstitutes a third degree felony as provided.	or an authorized representative of a member. (b), Florida Statutes, the execution of this document of this document of the behavior of a document to the Department of State.

\$125.00 Filing Fee for Articles of Organization and Designation

Page 2 of 2

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

The name and address of each person authorized to manage and control the Limited Liability

ARTICLE IV-