## L16000232033

(Re	questor's Name)	
(Ad	dress)	······································
/A al	dress)	
(Ad	aress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
	siness Entity Na	ma)
(Bu	siness Entity Nar	mej
(Do	cument Number)	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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16 DEC 27 PH 4: L7
SECRETARY OF STATE
ALLAHASSEE, FLORINA

T. BURCH DEC 2 8 2016

COVER
TO: Registration Section Division of Corporations
Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Darin M. Sanger Name of Person
Sanger Consulting Croup, LCC Firm/Company
2815 Orange Grove Trail Address
Naples, FL 34120  City/State and Zip Code  1 noto Sanger consulting 11000 a mail, Com  Empileddress to be used for fitting annual consumption in the consumption of t
into Sance ransulting 11 comamail. Com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Darin M. Saugerat (425) 327-8783  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the followipg amount:
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301

The state of the s		
ORGANIZAT. TREETIS		
ARTICLE I - Name:		
The name of the Limited Liability Company is:		
Saager Consulting Gro (Must end with the words "Limited Diability Co	ompany "L.L.C." or "LLC.")	-
ARTICLE II - Address: The mailing address and street address of the principal office of the I		
Principal Office Address:	Mailing Address:	
2815 Orange Grove Trail	2815 Orange Grove Trail	ا
		• -
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.)	Agent's Signature: Agent. You must designate an individual	6
The name and the Florida street address of the registered agent are:	RETA.	OFC 2
Darin M.	Sarger En	2 11
1815 Orange G	TST TOTAL	<b>5 D</b>
Florida street address (P.O. Box		17
Naples FL	34120	
City State	Zip	
Having been named as registered agent and to accept service of process place designated in this certificate, I hereby accept the appointment as a further agree to comply with the provisions of all statutes relating to the	registered agent and agree to act inapacity.	
am familiar with and accept the obligations of my position as registered		
- Ogi	m	
Registered Agent's	Signature (REQUIRED)	

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager Oresident of C.E.O	Darrin M. Sunger
	2815 Orange Crock Trull Naples, FL 34120
<u>vP</u>	Corene R. Sunger 2815 Orange Crove Trust
	Maples, FL 34120
<del></del>	16 C
(Use attachment if necessary)	
date of filing.)	of filing: Jan. 1, 2017 (OPTIONAR).  cific and cannot be more than five business days prior to or 90 days after eet the applicable statutory filing requirements, this date will not be listed as f State's records.
REOUIRED SIGNATURE:	
Signature of a men	nber or an authorized representative of a member.
This document is executed I am aware that any false in	d in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.
Da	min M. Sanger
	Typed or printed name of signee
	Filing — — — — — — — — — — — — — — — — — — —
\$ 30.00 Certified Copy (Optional)	anization and Designation of Registered Agent

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