

May. 22. 2017 11:53AM

5/22/2017

**L17000111348**

Division of Corporations

No. 1448 P. 1

Florida Department of State  
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Account Name : DAVID E HIGHTOWER  
Account Number : I20060000090  
Phone : (850)549-3812  
Fax Number : (850)607-2663

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: C.patel@sagegroup.us

**FLORIDA LIMITED LIABILITY CO.**

**Sage Health Group, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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FLORIDA DEPARTMENT OF STATE  
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**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name**

The name of the Limited Liability Company is Sage Health Group, LLC.

**ARTICLE II - Address**

The principal office and mailing address of the Limited Liability Company is:

600 Grand Panama Blvd. 304  
Panama City, Florida 32407

**ARTICLE III - Duration**

The period of duration of the Limited Liability Company shall be perpetual.

**ARTICLE IV - Management**

The Limited Liability Company is to be managed by one or more managers in accordance with the company's operating agreement.

**ARTICLE V - Registered Agent**

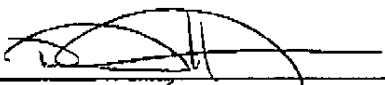
The name and street address of the initial registered agent of the Limited Liability Company are:

Hightower Law Firm  
119 North Palafox Street  
Pensacola, Florida 32502

**ARTICLE VII - Effective Date**

Pursuant to section 605.0207, Florida Statutes, the effective date for the beginning existence of the Limited Liability Company shall be May 22, 2017.

5/22/17  
Dated

  
\_\_\_\_\_  
David E. Hightower, Authorized  
Representative of a Member

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**REGISTERED AGENT ACCEPTANCE**

Having been named as registered agent and to accept service of process for the above stated limited liability company at the address designated in this certificate pursuant to the provisions of section 605.0113, Florida Statutes, 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.

HIGHTOWER LAW FIRM

5/22/17  
Dated

By:

  
David E. Hightower

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