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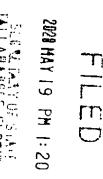
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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: SAG Contracting LLC 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:
Taylor Mcduffie Name of Person
Firm/Company
1317 Edge Water Drive Suite 871
City/State and Zip Code City/State and Zip Code taylar mcduffie 18@ amail. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Taylor Mcduffee at (916) 216 7136 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee S130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & 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 CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
SAG Contracting LLC (Must contain the words "Limited Liability Gompany, "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:
1317 Edgewater Drive suite 871 Orlando, Ronda 32804
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Kelly Miller Name
1317 Fagewater Dr
Florida street address (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 605, F.S.

State

(CONTINUED)

Registered Agent's Signature (REQUIRED)

2020 MAY 19 PM 1:21

"MGR" = Manager AMAZ	Taylor Moduffie 1317 Edgewater Drive Suite 87 Orlando, Florida 32804	١
	Ortana, Florida 32304	
		
(Use attachment if necessary)		
of filing.)	d cannot be more than five business days prior to or 90 d applicable statutory filing requirements, this date will not be s records.	
LE VI: Other provisions, if any.		
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PEOURED SIGNATURE: 11/1/1		
REQUIRED SIGNATURE:		
Signature of a member of This document is executed in according to the state of the	r an authorized representative of a member. cordance with section 605.0203 (1) (b). Florida Statutes.	239
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Signature of a member of This document is executed in act I am aware that any false informations titutes a third degree felony at Taylar N	cordance with section 605.0203 (1) (b). Florida Statules, ation submitted in a document to the Department of State as provided for in s.817.155, F.S.	MAY 19
Signature of a member of This document is executed in account and any false information constitutes a third degree felony at Taylar A	cordance with section 605.0203 (1) (b). Florida Statutes, ation submitted in a document to the Department of State as provided for in s.817.155, F.S. ACACTIC Torprinted name of signee	HAY !

ARTICLE IV-

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: SAG Contracting LLC 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:	
Taylor Mcduffie Name of Person	
Firm/Company	
1317 Edge Water Drive Suite 871	
Orlando, Fl 32804 City/State and Zip Code	
City/State and Zip Code taylor mc duffie is a gmail. com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Taylor Mcduffie at (916) 216 7136 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
S125.00 Filing Fee S130.00 Filing Fee SCertificate of Status (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)	7
Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address New Filing Section Division of Corporations Clifton Building Tallahassee, FL 32314 Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:			
SAG Control (Must contain the words "Limi	acting LL ted Liability Jompany,	.C "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the princip	al office of the Limited	Liability Company is:	
Principal Office Address:		Mailing Ad-	dress:
1317 Edgewater Drive Orlando Ronda 328	<u> </u>		
ARTICLE III - Registered Agent, Registered Offi (The Limited Liability Company cannot serve as its canother business entity with an active Florida registr	wn Registered Agent.	nt's Signature: You must designate an i	ndividual or
The name and the Florida street address of the registe	ered agent are:		
<u>Kelly n</u>	nille/		
<u> </u>	Name		
1317 E	rgewater	Dr	
Florida street add	lrest-(P.O. Box <u>NOT</u> a	cceptable)	
Orland	o ti	70865	
City	State	Zip	
Having been named as registered agent and to accept so place designated in this certificate. I hereby accept the a further agree to comply with the provisions of all statute am familiar with and accept the obligations of my positions.	appointment as registere es relating to the proper	ed agent and agree to ac and complete performa as provided for in Chapt	t in this capacity. I nce of my duties, and I
	(CONTINUED)		2 92
			2828 HAY 19 PM 1: 20 Table Section (69 R) J

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Taylor Mcduffie
_ AMDIS_	1317 Edgewater Drive Suite 8
	Orlando, Florida 32804
	
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E V: Effective date, if other than the date ective date is listed, the date must be sp f filing.) the date inserted in this block does not ment's effective date on the Department	pecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not
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