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Florida Department of State
Division of Corporations
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Account Name : FL PATEL LAW PLLC
Account Number : 120170000097
Phone : (727)279-5037
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FLORIDA LIMITED LIABILITY CO.

STATE

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

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FLORIDA LIMITED LIABILITY CO.

Sage Medical Nutrition, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00



COVER LETTER

Tuesday, April 6, 2021

To: New Filing Section
Division of Corporation

Subject:
SAGE MEDICAL NUTRITION, 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:

FL Patel Law PLLC
360 Central Avenue
8th Floor
St. Petersburg, Florida 33701
Fax: 727-888-1294

For further information concerning this matter, please call or e-mail:
Jamie Primeau 727-279-5037 or e-mail at Support@flpatellaw.com

Enclosed is our fax filing coversheet for \$130.00 for Filing Fee & Certificate of Status

FL Patel Law PLLC

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TALLAHASSEE, FL

**ARTICLES OF ORGANIZATION
FOR
SAGE MEDICAL NUTRITION, LLC
A FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I.
Name**

The name of the Limited Liability Company is: Sage Medical Nutrition, LLC (the “Company”).

**ARTICLE II.
Address**

The principal office and mailing address of the Company is:

1710 Fox Grape Loop
Lutz, Florida 33558

**ARTICLE III.
Registered Agent, Registered Office, & Registered Agent’s Signature**

The name and the Florida Street Address of the Registered Agent are:

FL Patel Law PLLC
360 Central Avenue
Suite 800
Saint Petersburg, FL 33701

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.

Ada Reyes

(sign)

FL Patel Law PLLC

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TALLAHASSEE, FL

ARTICLE IV.
Authorized Members and Managers

The Name and Address of each person authorized to manage and control the Limited Liability Company:

<u>Title</u>	<u>Name and Address</u>
AMBR = Authorized Member MGR = Manager	
<u>MGR</u>	Jennifer Carvalho-Salemi 1710 Fox Grape Loop Lutz, Florida 33558

ARTICLE V.

The Effective date shall be the date of filing.

Jennifer Carvalho-Salemi (sign)

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State
constitutes a third degree felony as provided for in s.817.155, F.S.

Jennifer Carvalho-Salemi
Authorized Representative/Member

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