

L22000278154

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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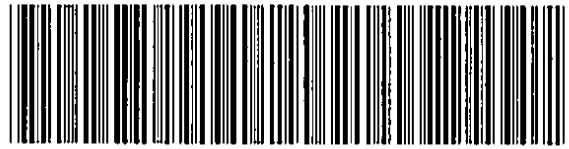
(Business Entity Name)

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STATE OF FLORIDA
TALLAHASSEE, FL

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UNIVERSITY OF FLORIDA
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 747213 4301683

AUTHORIZATION :



COST LIMIT : \$ 125,000

ORDER DATE : June 16, 2022

ORDER TIME : 2:08 PM

ORDER NO. : 747213-005

CUSTOMER NO: 4301683

DOMESTIC FILING

NAME: SAGE LIFE EQUITY DIRECT 3, LLC

EFFECTIVE DATE:

_____ ARTICLES OF INCORPORATION
_____ CERTIFICATE OF LIMITED PARTNERSHIP
XX _____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland - EXT.

EXAMINER'S INITIALS: _____

**ARTICLES OF ORGANIZATION
OF
SAGE LIFE EQUITY DIRECT 3, LLC**

The undersigned, an authorized representative, for the purpose of forming a limited liability company pursuant to Chapter 605, Florida Statutes, hereby certifies as follows:

1. The name of the limited liability company (the "**Company**") is Sage Life Equity Direct 3, LLC.
2. The mailing address and street address of the principal office of the Company is: 200 Central Ave., 4th Floor, St. Petersburg, Florida 33701.
3. The address of the registered agent of the Company in the State of Florida 200 Central Ave., 4th Floor, St. Petersburg, Florida 33701. The name of its registered agent at such address is Mark Sherwin.

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.

/s/ Mark Sherwin
Registered Agent's Signature

4. The name and address of the Manager of the Company is as follows:

Mark Sherwin
200 Central Ave., 4th Floor
St. Petersburg, Florida 33701

5. The name and address of the undersigned authorized representative is as follows:
Mark Sherwin, 200 Central Ave., 4th Floor, St. Petersburg, Florida 33701.

IN WITNESS WHEREOF, the undersigned authorized representative signs her name and affirms that the statements made in this Certificate are true and correct under the penalty of perjury, this 8th day of June, 2022. She is aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in §.817.155, F.S.

/s/ Mark Sherwin
Mark Sherwin
Authorized Representative

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SECRETARY OF STATE
TALLAHASSEE, FL