

123000289253

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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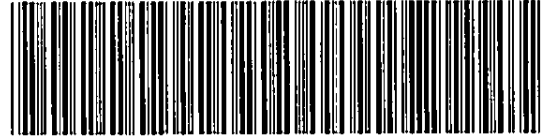
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FL

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CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext: 61594

To: Department Of State, Division Of Corporations  
From: Eyliena Baker  
Ext:  
Date: 06/16/23  
Order #: 1226461-1  
Re: SAGE AMICUS, LLC  
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$125.00 - FL State Account Number:  
I20000000195

AUTH

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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

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**ARTICLE I.  
NAME**

The name of the Limited Liability Company is "Sage Amicus, LLC" (the "Company").

**ARTICLE II.  
ADDRESS**

The mailing address of the principal office of the Company is PO Box 70, Ocala, FL 34478 and street address of the principal office of the Company is 44 SE 1<sup>st</sup> Avenue, Suite 207, Ocala, FL 34471.

**ARTICLE III.  
DURATION**

The period of duration for the Company shall be perpetual unless the Company is earlier dissolved in accordance with either the provisions of the *Florida Limited Liability Company Act*, Sections 605.0101 through 605.1108 of the *Florida Revised Statutes Annotated* (the "Act") or the Company's Operating Agreement among the members (the "Operating Agreement").

**ARTICLE IV.  
MANAGEMENT**

The Limited Liability Company is to be managed by a manager. The initial manager shall be Glenn E. Lane.

**ARTICLE V.  
PURPOSE**

The purpose for which the Company is being organized is to contract for, acquire, develop, lease, and ultimately resale, whether in its own capacity, or as joint venture partner, real property, including for single family residential, multi-family residential, or commercial purposes, and to transact any other lawful business approved by the members of the Company and for which a limited liability company may be formed under the laws of the State of Florida.

**ARTICLE VI.  
MEMBERS' RIGHTS TO CONTINUE BUSINESS**

The right of the remaining members of the Company to continue the business on the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Company shall be

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**ARTICLES OF ORGANIZATION  
FOR  
SAGE AMICUS, LLC,  
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upon the consent of all of the remaining members in accordance with the terms and conditions of the Operating Agreement to continue the business of the Company, provided that there is at least one (1) remaining member.

**ARTICLE VII.  
AMENDMENTS**

The Company reserves the right to amend, alter, change or repeal any provision contained in these Articles of Organization, in the manner now or hereafter prescribed by the Act.

**IN WITNESS WHEREOF**, the undersigned, being an authorized representative of a Member of the Company, has hereunto set his hand this 14 day of June, 2023.


  
\_\_\_\_\_  
GLENN E. LANE

**STATE OF FLORIDA  
COUNTY OF MARION**

The foregoing ARTICLES OF ORGANIZATION was sworn to, subscribed to and acknowledged before me by means of ☒ **physical presence** or ☐ **online notarization**, this 14 day of June, 2023, by **GLENN E. LANE**, who is:

☒ Personally known to me, OR  
☐ Produced a driver's license as identification.



  
\_\_\_\_\_  
Print Name: Sarah Lewis  
Notary Public, State of Florida  
Commission Number: # HH 267514  
Commission Expires: May 24, 2026

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TALLAHASSEE, FL

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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PURSUANT TO THE PROVISIONS OF SECTION 605.0101 through 605.1108, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/ REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: *Sage Amicus, LLC.*
2. The name and address of the registered agent and office is:

Glenn E. Lane  
44 SE 1<sup>st</sup> Avenue, Suite 207  
Ocala, FL 34471

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.

  
\_\_\_\_\_  
GLENN E. LANE

Date: June 14, 2023

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TALLAHASSEE, FL