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	(Re	equestor's Name)	
	(Ac	ldress)	
	(Ad	ldress)	
	(Cit	ty/State/Zip/Phone	e #)
PIC	K-UP	☐ WAIT	MAIL
	(Bu	siness Entity Nan	ne)
	(Do	cument Number)	
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Special Instruc	tions to	Filing Officer:	

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#### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Sago Enterprises, LLC	
(Name of Limi	ted Liability Company)
	bility Company for Authorization to Transact Business in bmitted to register the above referenced foreign limited
Please return all correspondence concerning this ma	atter to the following:
Catherine S. Hester	
(Nar	ne of Person)
Harrison, Rivard, Zimmerma	an & Bennett
(Firm	m/Company)
PO Box 12	·
(	(Address)
Panama City, Florida 32	402
(City/Sta	te and Zip Code)
For further information concerning this matter, plea	se call:
Catherine Hester	. 950 760 7714
(Name of Person)	at (_850) 769-7714 (Area Code & Daytime Telephone Number)
, ,	•
MAILING ADDRESS:	STREET ADDRESS:
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:  \$\sum \\$125.00 \text{ Filing Fee} \sum \\$130.00 \text{ Filing Fee & Certificate of S}	\$155.00 Filing Fee & \$160.00 Filing Fee, Certificate status Certified Copy of Status & Certified Copy

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGIS LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	TER A FORE	EIGN
1. Sago Enterprises UC	<del></del>	
(Name of Foreign Limited Liability Company)  2. (Jurisdiction under the law of which foreign limited liability company is organized)  (FEI number, if applicable)		
4. June 13 2005 (Date of Organization)  5. Devoctual (Duration: Year limited liability company will exist or "perpetual")	cease to	<b></b>
6	ය	SIVIE 38
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	- CT	5E
7. 110 Eagle Spring Drive, Suite O	<u>=</u>	SA SA SA SA
Stackbridge CA 30281	PH	RPO
4Street Address of Principal Office)  8. If limited liability company is a manager-managed company, check here	2:24	ORPORATIONS
9. The name and usual business addresses of the managing members or managers are as follows	<u></u>	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custle jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign land translation of the certificate under eath of the translator must be submitted.)		ls in
11. Nature of business or purposes to be conducted or promoted in Florida:		
land Vevelopment	·	
Lake Money		
Signature of a member or an authorized representative of a member.  (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)		
Typed or printed name of signee		
1) ped of printed name of signee		

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:  Sogo Enterprises, UC	
2. The name and the Florida street address of the registered agent and office are:	•
RUSSEILT, Arline	SECRET DIVISION C
Florida Street Address (P.O. Box NOT ACCEPTABLE)	ARY OF S
Panama City FL 32408 City/State/Zip	RATIONS 2: 24

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 608, Florida Statutes.

Kessell D Qui (Signature)

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

#### Secretary of State

Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

DOCKET NUMBER : 052140285
CONTROL NUMBER : 0541902
DATE INC/AUTH/FILED: 06/14/2005
JURISDICTION : GEORGIA
PRINT DATE : 08/02/2005

FORM NUMBER : 211

HARRISON, RIVARD, ZIMMERMAN ET AL. CATHERINE HERSTER 101 HARRISON AVENUE PANAMA CITY, FL 32401

#### CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

### SAGO ENTERPRISES, LLC A GEORGIA LIMITED LIABILITY COMPANY

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the abovenamed entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



July Cop

Cathy Cox Secretary of State