Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205~0383

From:

Account Name : TRIAD PROFESSIONAL SERVICES, LLC

Account Number : 120020000094 Phone : (770)777-2091 Fax Number : (770)220-1943

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Sagebrush Residential Holdings, LLC

Certificate of Status	0
Certified Copy	11_
Page Count	04
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SAGEBRUSH RESIDENTIAL HOLDINGS, LLC

(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Sharon K. Gray		
	(Name of Person)	
Triad Professional Services, LLC		·
	(Firm/Company)	
2050 Marconi Drive, Sulte 150		,
	(Address)	
Alpharetta, GA 30005		06 OCT 30 SECRETARY FALLAHASS
(Cit	y/State and Zip Code)	CORETA
ner information concerning this matter	, please call:	30 AM
Sharon K. Gray	at (770) 777-2091	03 =
(Name of Person)	(Area Code & Daytime Telep	hone Number) 7
TREET ADDRESS:	MAILING ADDRESS:	•

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

Registration Section

Division of Corporations
P.O. Box 6327

Taliahassee, Florida 32314

Enclosed is a check for the following amount:

□ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate

Certificate of Status Certified Copy of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

j,	SAGEBRUSH RESIDENTIAL HOLDINGS, LLC (Name of Foreign Limited	11.6	ability Company)	_		
_	Delaware		· · · · · · · · · · · · · · · · · · ·			
	(Jurisdiction under the law of which foreign limited liability company is organized)		20-5784448 (PEI number, if applicable)	-		
4,	09/29/2006	5.	Perpetual			
	(Date of Organization)		(Duration: Year limited liability company will cease to exist or "perpetual")		•	
6.	Upon qualification (Date first transacted business in I	Jor	ida, if prior to registration.)	·		
7.	(See sections 608.501 & 608.502 F. 777 East Speer Boulevard, Suite 100, Denver, CO 80			<u></u>		
				-		
	·		Principal Office)			
8.	If limited liability company is a manager-manage	d c	ompany, check here 🗹			
9.	he name and usual business addresses of the managing members or managers are as follows:					
	Robert P. Jacobsen / Gary Ruhl / Roy Smith / Todd H	leir	zeroth / Lawrence L. Ostema	-		
	777 East Speer Boulevard, Sulta 190, Denver, CO 8	020	03	-		
				-		
lte	. Attached is an original certificate of existence, no more than 90 jurisdiction under the law of which it is organized. (A photoco	yyy i	is not acceptable. If the ocitificate is in a foreign language, a	conds in		
וזנ	nslation of the certificate under oath of the translator must be sub	bini	(text.),	0		
1	. Nature of business or purposes to be conducted of	or i		06 OCT		
			Ari Sr	T 30	Contraction of the Contraction o	
			and the second s		7	
		1.5	orized representative of a member. the execution of this document constitutes of the facts stated herein are true.	AH:II:		
	Larry Ostema, Manager	_		57	•	
	Typed or printe	d r	name of signee			

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

UNDERSIGN	ED LIMITED LIAE	ILITY COMPANY SUBMITS THE FOLLOWING STATUTES, THE OFFICE AND REGISTERED AGENT IN THE STATE OF
1. The name of	of the Limited Liabi	ity Company is:
SAGEBRUSH	RESIDENTIAL HOLD	INGS, LLC
2. The name a	nd the Florida stree	address of the registered agent and office are:
	NRAI Services, In	and the second s
		(Name)
	2731 Executive Pa	rk Drive, Suite 4 Street Address (P.O. Box NOT ACCEPTABLE)
	Plorida	Street Address (P.O. Box NO) ACCEPTABLE)
	Weston	FL 33331
		City/State/Zip
liability compai agent and agree relating to the p obligations of a NRAI Services.	ny at the place design to act in this capac proper and complete ny position as regist	gent and to accept service of process for the above stated limited nated in this certificate, I hereby accept the appointment as registered ity. I further agree to comply with the provisions of all statutes performance of my duties, and I am familiar with and accept the red agent as provided for in Chapter 608, Florida Statutes.

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

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Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SAGEBRUSH RESIDENTIAL HOLDINGS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF OCTOBER, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SAGEBRUSH RESIDENTIAL HOLDINGS, LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF SEPTEMBER, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.



4228102 8300

060987846

Varniet Smith Hindan

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5151394

DATE: 10-27-06