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(Requesto	or's Name)
(Address)	······································
,	
(Address)	
(City/State	e/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documer	nt Number)
Certified Copies	Certificates of Status

Special Instructions to Filing Officer:

L. SELLERS

SEP 3 0 2011

EXAMINER

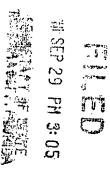


Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Sagacious Consultants	, LLC
Nam	e of Limited Liability Company
	lity Company for Authorization to Transact Business in Florida," Certificate of ove referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this mat	ter to the following:
Kyle Adams	
	Name of Person
Sagacious Consultants, LL	_c
	Firm/Company
212 Emanuel Cleaver II	Blvd., Suite 1E
	Address
Kansas City, MO 64112	·
	City/State and Zip Code
KyleAdams@Sagacio	usConsultats.com
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter, pleas	e call:
Kyle Adams	at (636) 288-8157
Name of Person	Area Code & Daytime Telephone Number
MAILING ADDRESS:	STREET ADDRESS:
Division of Corporations Registration Section	Division of Corporations Registration Section
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amoun	nt;
\$125.00 Filing Fee \$130.00 Filing Fee Certificate of State	e & \$\Bigcap\$155.00 Filing Fee & \$\Bigcap\$160.00 Filing Fee, Certificate



September 9, 2011

KYLE ADAMS 212 EMANUEL CLEAVER II BLVD., STE. 1E KANSAS CITY, MO 64112

SUBJECT: SAGACIOUS CONSULTANTS, LLC

Ref. Number: W11000046659

We have received your document for SAGACIOUS CONSULTANTS, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers Regulatory Specialist II

Letter Number: 911A00020940

September 23, 2010

Tallahassee, FL 32314

RE: Sagacious Consultants, LLC

Ref. Number: W11000046659 Letter Number: 911A00020940

Dear.Ms. Sellers,

I am writing in regards to the attached letter which we received regarding our Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida. On our originally submitted application, we inadvertently neglected to include our certificate of good standing.

In addition to this response, please find attached the following:

Copy of original application rejection letter

Jewil Clarele

- Original Application as filed
- Certificate of Good Standing

If you have any additional questions or concerns regarding this matter, please contact me directly at 785-424-0071.

Thank you for your assistance in this matter,

Keane Crowder

Sagacious Consultants, LLC

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 RUSINESS IN THE STATE OF FLORIDA:

1 Sagacious Consultants, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Con	npany," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business consent of the managers or managing members adopting the alternate name. The alternate Company," "L.L.C," "LLC.")	
2. Wisconsin, USA 3. 26-4549403	
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI num	ber, if applicable)
4. March 4th, 2009 5. Perpetual	
(Date of Organization) (Duration: Year limit exist or "perpetual")	ed liability company will cease to
6. June 24th, 2011 (Date first transacted business in Florida, if prior to registration (OS 501 & COS 502 F.S. to determine and the light	n.)
(See sections 608.501 & 608.502 F.S. to determine penalty liab 7. 212 Emanuel Cleaver II Blvd., Suite 1E	mry)
Kansas City, MO 64112	
(Street Address of Principal Office)	
8. If limited liability company is a manager-managed company, check here	X
9. The name and usual business addresses of the managing members or ma Shane Adams	nagers are as follows:
212 Emanuel Cleaver II Blvd., Suite 1E	
Kansas City, MO 64112	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the contranslation of the certificate under oath of the translator must be submitted.)	
11. Nature of business or purposes to be conducted or promoted in Florida:	20 Caree
Healthcare Consultants	- T
JAA	
Signature of a member or an authorized representative	
(In accordance with section 608.408(3), F.S., the execution of this document const penalties of perjury that the facts stated herein are true. I am aware that any fal document to the Department of State constitutes a third degree felony as Kyle Adams	itutes an affirmation under the se information submitted in a

Typed or 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.

If unavailable, the alternate to be used in the state of Florida is:				
2. The name and the Florida stre	eet address of the registered agent and office are:			
InCarp Service	es, Inc.			
	(Name)	-		
17888 67th N	lorth Court	_		
Flori	da Street Address (P.O. Box NOT ACCEPTABLE)	_		
Loxahatchee	_{FL} 33470	_		
<u> </u>	City/State/Zip			

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.

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

United States of America State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services



To All to Whom These Presents Shall Come, Greeting:

I, RAY ALLEN, Deputy Secretary, Department of Financial Institutions, do hereby certify that

SAGACIOUS CONSULTANTS, LLC

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is March 4, 2009.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on June 21, 2011.



RAY ALLEN, Deputy Secretary
Department of Financial Institutions

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: http://www.wdfi.org/apps/ccs/verify/

Enter this code:

93520-A52D1E4E