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(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)	_	
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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G. MCLEOD

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DEPARTYENT OF SIAIL

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FLORIDA DEPARTMENT OF STATE Division of Corporations

December 7, 2012

CORPDIRECT AGENTS INC

SUBJECT: SAGE PRODUCTS, LLC

Ref. Number: W12000060861

PIEASE GIVE ORIGINAL SUBMISSION

(PIEASE GIVE ORIGINAL SUBMISSION

(PIEASE

RECEIVED

OFFARTHERT OF STATE

BIVISION OF CORPORATIONS

We have received your document for SAGE PRODUCTS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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) 245-6051.

Gina McLeod Regulatory Specialist II

Letter Number: 012A00029026

PLEASE GIVE ORIGINAL SURMISSION

DATE AS FILE DATE

DATE

AS FILE DATE

CORPDIRECT AGE 515 EAST PARK AV TALLAHASSEE, FL 222-1173	ENUE	merly CCRS)			
FILING COVER S ACCT. #FCA-14	SHEET				
CONTACT:	Kim Weider	<u>ıbach</u>			
DATE:	12/06/12				
REF. #:	F. #: <u>000928.177202</u>				
CORP. NAME:	SAGE PRO	DUCTS, LLC d/b/a SAGE PRODU	CTS OF ILLINOIS, LLC		
() ARTICLES OF INCO () ANNUAL REPORT (XX) FOREIGN QUALIT () REINSTATEMENT () CERTIFICATE OF C () OTHER:	FICATION	() ARTICLES OF AMENDMENT () TRADEMARK/SERVICE MARK () LIMITED PARTNERSHIP () MERGER	() FICTITIOUS NAME		
		TH CHECK# 102303			
		COST LIN	MIT: \$		
PLEASE RETUR	RN:		(XX) PLAIN STAMPED COPY		

Examiner's Initials

CR2E027 (9/10)

COVER LETTER

TO:	Registration Section Division of Corpora				
	Sage Products,	LLC			
SUBJE	CT:	Nau	e of Lim	ted Liability Company	
The encl Existence	losed "Application be, and check are sub	y Foreign Limited Liabi mitted to register the ab	tity Comp	sany for Authorization to Transneed foreign limited liability	sact Business in Florids," Certificate of company to transact business in Florida
Please re	eturn all corresponde	moe concerning this met	ter to the	following:	
	Ryan Black	k			
			Na	me of Person	
	NRAI Con	porate Services, Inc.			
			Pir	m/Company	· · · · · · · · · · · · · · · · · · ·
	200 W. Ad	lams Street, Suite 2007			
	<u></u>			Address	- The state of the
	Chicago, I	L 60606			
	<u> </u>		City/St	ate and Zip Code	44.44
	rblack@nre	d.com			
		E-mail address; (o be used	for future sumual report notif	ication)
For fluti	her information conc	erning this matter, pleas	e call:		
	Ryan Black			312 283-171	4
	N	Tame of Person	Area	Code & Daytime Telephone	Number
	MAILING ADDR Division of Corpor Registration Section P.O. Box 6327 Taliahassee, FL 32	ntions n	Divisio Registr Clifton 2661 E	TADDRESS: n of Corporations ation Section Building accutive Center Circle assee, FL 32301	
Enclos	ed is a check for S125.00 Filing F	the following amou		□ \$155.00 Filing Fee &	☐ \$160.00 Filing Fee, Certificate
		Certificate of	_	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 RUSINESS IN THE STATE OF FLORIDA-

	MITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Saga Products, LLC	
•••	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
	Sage Products of Illinois, LLC	
COI	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of sent of the managers or managing members adopting the alternate name. The alternate name must include "Limited L mpany," "L.L.C," "LLC.")	f the written is in the control of t
Z.	Delaware 3,	
7	FEI number, if applicable) ompany is organized)	
4.	11/7/2012 5. parpetual	
••	(Dute of Organization) (Duration: Year limited liability company will cease exist or "perpetual")	e to
6.	(Date first transacted business in Florida, if prior to registration.)	∷ ₹
•	(See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7.	3909 Three Oaks road	
	Cary, IL 60013	27 के हैं
	(Street Address of Principal Office)	
8.	If limited liability company is a manager-managed company, check here	STAT STAT
9.	The name and usual business addresses of the managing members or managers are as follows:	(·) ()
	Sage Products Holdings, Inc., 3909 Three Oaks Road, Cary, IL 60013	
	·	
10.	Attached is an original certificate of existence, no more fran 90 days old, duly authenticated by the official having custody	y of records in
	jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign langua elation of the certificate under outh of the translator must be submitted.)	195, a
	Nature of business or purposes to be conducted or promoted in Florida:	
-	To offer to sell and to sell at wholesale and retail, hospital and medical products and any other business otherwise parmitted by law to be parformed by a foreign limited liability/geomemy in the state of Michigan	 ·
	Ma Gront	
	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. I am aware that any false information submitted in a	
	document to the Department of State constitutes a third degree felony as provided for in s.817.155, P.S.)
	John J. Jiganti, President of Sage Products Holdings, Inc., Member	

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.

1. The name of Sage Products, I	of the Limited Liability	y Company is:	
If unavailable,		ed in the state of Florida is:	
2. The name a	and the Florida street ac	address of the registered agent and office are:	
·		NRAI Services, Inc.	
		(Name)	
		515 East Park Avenue	
	Florida Si	street Address (P.O. Box NOT ACCEPTABLE)	
	Tallahassee	FL 32301	
·		City/State/Zip	
liability compo registered age statutes relatin	any at the place designant and agree to act in the groper and consistent of my position of the gations of my position of the gations of the g	ent and to accept service of process for the above sto ated in this certificate, I hereby accept the appointm his capacity. I further agree to comply with the pro- implete performance of my duties, and I am familiar as registered agent as provided for in Chapter 608,	ent as visions of all with and
	NRAI Services By:	s, Inc.	
		(Signature) Ryan Black, Asst. Sec.	
		30.00 Certified Copy (optional)	

Delaware

PAGE

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "SAGE PRODUCTS, 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 FIFTEENTH DAY OF NOVEMBER, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SAGE PRODUCTS, LLC" WAS FORMED ON THE SEVENTH DAY OF NOVEMBER, A.D. 2012.

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

5233568 8300

121233405

Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 9990121

DATE: 11-15-12

at corp.deleware.gov/authver.shtml

WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify that we	are the Managers and/or Managing
Members of Sage Products, LLC	
(Name of Limited Li	ability Company)
a limited liability company duly organized and	existing under the laws of
Delaware	
(State or Country of Organization)	,
Because the name of this foreign limited liabil	ity company does not satisfy the
requirements of the s. 608.406, F.S., the limite	d liability company hereby adopts the
following name to transact business in the state	e of Florida:
Sage Products of Illinois, LLC	
(Name to be used by limited liability company in Plorida. NO Company, L.L.C., or LJ.C.)	TE: Name must end with Limited Liability
Date: 12/5/12	
Signature(s) of Manager(s) and/or Managing I	Member(s):
Ba Och ent.	
John J. Jiganti, President of Sage Products Moldings, Inc., Member	
	,

CR2B122 (7.07)