Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000087254 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092

Phone Fax Number

: (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

### Foreign Limited Liability Company **SAGE CLIENT 422 LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

GPR 1 4 2014 D. BRUCE

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Porsign Limited Liability Company; must include "Lin	nited Liability Company," "LLC.," or "LLC.")
name unavailable, enter alternate name adopted for the purpose of transection	ng business in Florida. The alternate name must include "Limited
ability Company," "L.U.C." or "LLC.")	
Colorado (Jurisdiction under the law of which foreign limited liability company is organized)	(PEI number, if applicable)
Upon qualification (Date first transacted business in Florida (See sections 605.0904 & 605.0905, P.S. to	(f prior to registration.)
1575 Welton Street, Suite 300, Denver, CO 80202	
(Street Address of Prin	cipal Office)
	AAS O
	A PR
(Mailing Addi	<b>(18)</b>
. The name, title or capacity and address of the person(s)	who has/have authority to manage is/are:
	नाग 🚖
age Investment Holdings III, L.L.C., Manager, 1575 Welton Street, S	ulio 300, Dailyer, CO 80202
	5 5
Attached is an original certificate of existence, no more to ving custody of records in the jurisdiction under the law of	han 90 days old, duly authenticated by the official of which it is organized. (A photocopy is not
eceptable. If the certificate is in a foreign language, a trans nust be submitted)	lation of the certificate under oath of the translator
churrell.	
Signature of an auth n accordance with section 603.0203, F.S., the execution of this document constitues at n aware that any falso information submitted in a document to the Department of State	n affirmation under the penalties of perjury that the facts stated herein are tr
. Harris White	
Typed or printed name	c of signec

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

I. The name Sage Client 42	of the Limited Liability	y Company is:	
lf unavailable	o, the alternate to be use	ed in the state of Florida is:	
2. The name	and the Florida street a	address of the registered agent and office are:	2-0
	C T Corporation System	m	
		(Name)	
	1200 South Pine Island Road		₹7°
	Florida S	treet Address (P.O. Box NOT ACCEPTABLE)	
	Plantation	FL 33324	APR T
	•	Clty/State/Zlp	SER =
ilability comp registered ag statutes relati	pany at the place designa ent and agree to act in ti ing to the proper and co	and to accept service of process for the above ated in this certificate. I hereby accept the appoint his capacity. I further agree to comply with the pimplete performance of my duties, and I am familia as registered agent as provided for in Chapter 60 James D. Mai (Signature)	ment as arrows of all- ar with and arrows of all- ar with and arrows of all arrows of
		100.00 Filing Fee for Application 25.00 Designation of Registered Agent 30.00 Certified Copy (optional) 5.00 Certificate of Status (optional)	

# OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

#### CERTIFICATE

I, Scott Gessler, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

#### Sage Client 422 LLC

is a Limited Liability Company formed or registered on 04/09/2014 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20141231385.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 04/09/2014 that have been posted, and by documents delivered to this office electronically through 04/11/2014 @ 07:09:37.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 04/11/2014 @ 07:09:37 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 8819542.



RII AHII: 47
ASSEC FLORIDA

Secretary of State of the State of Colorado

idolies: A cartificnie ismad electronically from the Colorada Secretary of State is Web site is fair and immediately salid and effective. However, as an option, the Issuance and validity of a cartificate obtained electronically may be enablished by visiting the Certificate Confirmation Page of the Secretary of State's Web site, http://www.sou.niets.co.us/bis/Certificate/Sourch/critaria.do entering the certificate's confirmation manber displayed on the certificate, and following the instructions displayed. Confirming the Issuance of a certificate is merely antional and is not necessary to the valid and effective ismance of a certificate. For more information, visit our Web site. http://www.sous.tate.co.us/citck Business Center and select "Progressity Asked Questions."