Division of Corporations Electronic Filing Cover Sheet

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.

(((H14000112744 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 : SHUTTS & BOWEN LLP (ORLANDO)

Account Number : 120030000004 Phone : (407)835-6959

Fax Number : (407)843-4076

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

Email Address:

taugustyni@shutts.com

Foreign Limited Liability Company SAGE OWNER, LLC

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

MAY 1 3 2014 T CLINE

Electronic Filing Menu

Corporate Filing Menu

Help

(((H140001127443)))

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:

SAGE OWNER, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LL	.c. [.])
f name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name r ability Company," "L.L.C," or "LLC.")	must include "Limite
Delaware 3.	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	***************************************
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
189 South Orange Avenue, Suite 1700	SEURET
Orlando, Florida 32801	고 도 도
(Street Address of Principal Office)	<u> </u>
c/o NVision Development Management Services, LLC	<u> </u>
P.O. Box 2151, Winter Park, Florida 32790	70
(Mailing Address)	22.25 23.75
. The name, title or capacity and address of the person(s) who has/have authority to manag	
an J. McCook, Manager	•
89 South Orange Avenue, Suite 1700	Approximate the second
Orlando, Florida 32801	
Attached is an original certificate of existence, no more than 90 days old, duly authenticate aving custody of records in the jurisdiction under the law of which it is organized. (A photoeceptable. If the certificate is in a foreign language, a translation of the certificate under out ust be submitted)	ocopy is not
Signature of an authorized person	
accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that it aware that any faits information submitted in a document to the Department of State constitutes a third degree felony as provided for	he facts stated herein a in s.817,155, F.S.)
lan J. McCook	
Typed or printed name of signee	

(((H14000112744 3)))

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.

	of the Limited Liability Company is: OWNER, LLC			
If unavailable,	the alternate to be used in the state of	Florida is:	2014 BAY SECRET SALLNES	\$28° LC
2. The name a	nd the Florida street address of the reg	istered agent and office are:	MY 12 NETAR NHASS	· .
	lan J. McCook			1 :
	(Nam	c)	12 S S S	ارام جمعہ
	189 South Orange A	venue, Suite 1700	52	
	Florida Street Address (P.O.	Box NOT ACCEPTABLE)		
	· · · · · · · · · · · · · · · · · · ·	_{FL} 32801		
	City/S	tate/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 605, 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)

(((H14000112744 3)))

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "SAGE OWNER, 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 FIRST DAY OF MAY, A.D. 2014.

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

5526058 8300

140548217

You may verify this certificate online at corp.delaware.gov/authver.shtml

AUTHENTICATION: 1336966

DATE: 05-01-14