

MI6000003648

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

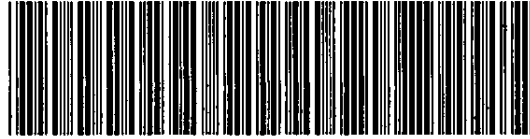
(Business Entity Name)

(Document Number)

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16 MAY -5 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5/16/16



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2016 MAY -5 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

April 4, 2016

DANA SCHWARTZ
501 NE 5TH TERR. SUITE 718
FT. LAUDERDALE, FL 33301

SUBJECT: SAGE AVT LLC
Ref. Number: W16000024571

We have received your document for SAGE AVT LLC and your check(s) totaling \$160.00. 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) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 516A00006757

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 MAY -5 PM 1:48

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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:

1. SAGE AVT LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. NEW YORK 3. 45-242-4432
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 4/1/2016
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 501 NE 5TH TERR. SUITE SUITE #718
FT. LAUDERDALE, FL 33301
(Street Address of Principal Office)

6. 53 WEST 36TH STREET, SUITE 605
NEW YORK, NY 10018
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: DANA SCHWARTZ
Office Address: 501 NE 5TH TERR. SUITE 718
FT. LAUDERDALE, Florida 33301
(City) (Zip code)

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TALLAHASSEE, FLORIDA

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

[Signature]
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
JUSTIN SCHWARTZ - PRESIDENT - 501 NE 5TH TERR. SUITE 718 FT.LAUDERDALE, FL 33301
KATIE ZENG - ACCOUNTANT - 501 NE 5TH TERR. SUITE 718 FT. LAUDERDALE, FL 33301
MAURICIO BARRIENTOS - SENIOR PROJECT MANAGER - 501 NE 5TH TERR. SUITE #718 FT. LAUDERDALE, FL 33301

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

[Signature]
Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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, F.S.

JUSTIN SCHWARTZ
Typed or printed name of signee

**State of New York
Department of State } ss:**

I hereby certify, that SAGE AVT LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 06/09/2011, and that the Limited Liability Company is existing so far as shown by the records of the Department.

The Biennial Statement is past due.

I further certify, that no other documents have been filed by such Limited Liability Company.



SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 MAY -5 PM 1:46

FILED

*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 25th day of April two
thousand and sixteen.*

Anthony Scardino

Executive Deputy Secretary of State