

M16D00003982

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : MACFARLANE FERGUSON & MCMULLEN
Account Number : 076077001654
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Fax Number : (813) 273-4396

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

Email Address: flortampa@macfar.com

Foreign Limited Liability Company
SANAR Management, LLC

Certificate of Status	0
Certified Copy	0
Page Count	4008
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2016 MAY 18 AM 10:54

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SANAR Management, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

William M. Stainton

Name of Person

Macfarlane Ferguson & McMullen

Firm/Company

One Tampa City Center, 201 N. Franklin St. Ste 2000

Address

Tampa, FL 33602

City/State and Zip Code

wms@macfar.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William M. Stainton

at (813)

273-4325

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

(((H16000122183 3)))

((H16000122183 3))) 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. SANAR Management, 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. Delaware 3. 81-1455326
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. May 13, 2016
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 8466 N Lockwood Ridge Rd. Ste. 340
Sarasota, FL 34243
(Street Address of Principal Office)

6. 8466 N Lockwood Ridge Rd. Ste. 340
Sarasota, FL 34243
(Mailing Address)

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

Name: William M. Stainton
Office Address: One Tampa City Center 201 N. Franklin St. Ste. 2000
Tampa, Florida 33602
(City) (Zip code)

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.

William M. Stainton
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Gordon Garrett, Manager, 8466 N. Lockwood Ridge Rd. Ste. 340 Sarasota, FL 34243

William Adrian Young, Manager, 8466 N. Lockwood Ridge Rd. Ste. 340 Sarasota, FL 34243

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)

William M. Stainton
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.817.153, F.S.

William M. Stainton, Attorney
Typed or printed name of signee

FILED
16 MAY 18 PM 2:03
DEPT. OF STATE
TALLAHASSEE, FLORIDA

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Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SANAR MANAGEMENT, 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 SEVENTEENTH DAY OF MAY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

FILED
16 MAY 18 PM 2:03
CLERK OF STATE
TALLAHASSEE FLORIDA



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SR# 20163295003

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


Jeffrey W. Bullock, Secretary of State

Authentication: 202329849

Date: 05-17-16

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05/18/2016 09:54
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5/18/2016 9:25:29 AM PAGE 1/001 Fax Server

(FAX)8132734396

P.005/005



May 18, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MACFARLANE FERGUSON & MCMULLEN

SUBJECT: SANAR MANAGEMENT, LLC
REF: W16000035927

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

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.

Shelia H Young
Regulatory Specialist II

FAX Aud. #: H16000122183
Letter Number: 116A00010459

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TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314