

MI7000007867

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

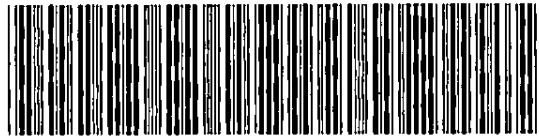
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



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09/18/17--01001--002 **250.00

17 SEP 18 AM 8:45
CLERK'S OFFICE

SEP 18 2017

Y SULKER



LISA MOODY, PARALEGAL
(850) 205-8173
LMOODY@DEALERLAWYER.COM

VIA HAND DELIVERY

September 15, 2017

Florida Secretary of State
Registration Section/Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

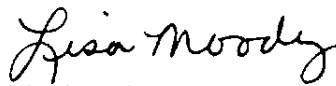
Re: 2 Applications by Foreign Limited Liability Companies for Authorization to Transact Business in
Florida – SAG FL, LLC and SAP FL, LLC

Dear Sir or Madam:

Please find enclosed your Cover Letters, the referenced Applications, and authenticated Certificates of Existence for SAG FL, LLC and SAP FL, LLC, along with a check in the amount of \$250.00 for the filing fees (\$125.00 each).

If you have any questions, please do not hesitate to contact me.

Sincerely yours,


Lisa Moody

Enclosures: 2 Applications by Foreign Limited Liability Companies
2 Certificates of Existence from Delaware SOS
BSM Check #239

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SAG FL, 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:

John M. Smith, Jr.

Name of Person

Firm/Company

555 Old School Road

Address

Gulf Stream, FL 33483

City/State and Zip Code

jmsjrl@gmail.com

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

17 SEP 15 AM 8:45
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

John M. Smith, Jr.

479

459-7069

at ()

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

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. SAG FL, 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

(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____

(FEI number, if applicable)

4. _____

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

5. 555 Old School Road

(Street Address of Principal Office)

Gulf Stream, FL 33483

6. 555 Old School Road

(Mailing Address)

Gulf Stream, FL 33483

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

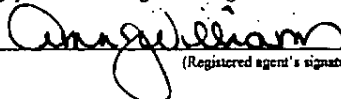
, Florida 33324

(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.

ANN J. WILLIAMS
Assistant Vice President


(Registered agent's signature)

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

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

Manager

John M. Smith, Jr.

555 Old School Road

Gulf Stream, FL 33483

(Use attachments if necessary)

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)

10. 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.


John M. Smith, Jr.

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "SAG FL, 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 THIRTIETH DAY OF AUGUST, A.D. 2017.

17 SEP 15 AM 8:45
DELAWARE, FLORIDA



6527632 8300

SR# 20175930062

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 203145372

Date: 08-30-17