

MI7000008336

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

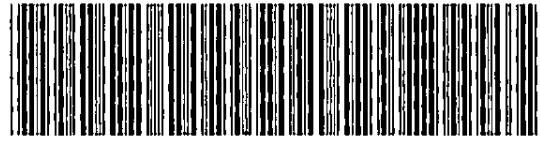
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

24597  
W17-70636

Office Use Only



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08/25/17--01022--001 \*\*390.00

DIVISION OF STATE REGISTRATION

17 SEP 27 AM 11:13

FILED

SIMMONS  
SEP 29 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 28, 2017

MICHAEL SCOTT, ESQ  
10181-C SIX MILE CYPRESS PKWY  
FT MYERS, FL 33966

SUBJECT: SARAC MANAGEMENT, LLC  
Ref. Number: W17000070636

We have received your document for SARAC MANAGEMENT, LLC and your check(s) totaling \$390.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons  
Regulatory Specialist II

Letter Number: 717A00017708

2017 SEP 27 PM 2:49

TALLAHASSEE, FLORIDA



**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. Sarac 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. Wyoming (Jurisdiction under the law of which foreign limited liability company is organized)      3. \_\_\_\_\_ (FEI number, if applicable)

4. June 2017  
(Date first transacted business in Florida, if prior to registration.)  
 (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. \_\_\_\_\_ (Street Address of Principal Office)      6. \_\_\_\_\_ (Mailing Address)  
10181-C Six Mile Cypress Pkwy      6900 Daniels Pkwy, Ste. 29-394  
Fort Myers, FL 33966      Fort Myers, FL 33912

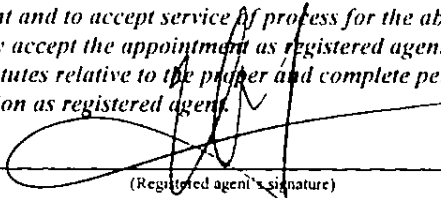
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: DLF Registered Agent Service, LLC  
 Office Address: 10181-C Six Mile Cypress Pkwy  
Fort Myers, Florida 33966  
(City)      (Zip code)

DIVISION OF STATE  
 17 SEP 27 AM 11:11  
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**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.*

  
(Registered agent's signature)

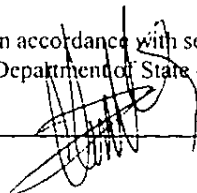
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>MGR</u>	<u>Matthew M. Sarac</u> <u>6900 Daniels Pkwy, #29-394</u> <u>Fort Myers, FL 33912</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(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.

  
 \_\_\_\_\_  
Signature of an authorized person  
Matthew M. Sarac  
 \_\_\_\_\_  
Typed or printed name of signer

# State of Wyoming

## Office of the Secretary of State



United States of America,  
State of Wyoming } ss.

I, ED MURRAY, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

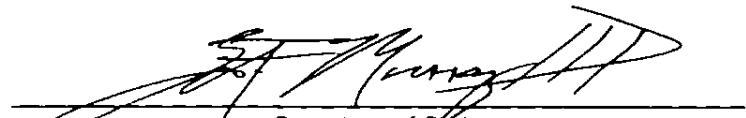
**Sarac Management, LLC**  
is a  
**Limited Liability Company**

formed or qualified under the laws of Wyoming did on **June 28, 2017**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2017-000759777**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 11th day of August, 2017 at 8:24 AM.



  
Secretary of State

By 

Rosalie Gonzales