## M17000009500

| (Requestor's Name)                                |  |  |  |  |  |
|---|--|--|--|--|--|
|   |  |  |  |  |  |
| (Address)   |  |  |  |  |  |
| 2822 Reminaton Green C                            |  |  |  |  |  |
| (/  |  |  |  |  |  |
| Tallahassee, F1 32308<br>(City/State/Zip/Phone #) |  |  |  |  |  |
| (City/State/Zip/Phone #)                          |  |  |  |  |  |
| PICK-UP WAIT MAIL                                 |  |  |  |  |  |
|   |  |  |  |  |  |
| (Business Entity Name)                            |  |  |  |  |  |
|   |  |  |  |  |  |
| (Document Number)                                 |  |  |  |  |  |
|   |  |  |  |  |  |
| Certified Copies Certificates of Status           |  |  |  |  |  |
|   |  |  |  |  |  |
| Special Instructions to Filing Officer:           |  |  |  |  |  |
| mail to address                                   |  |  |  |  |  |
|   |  |  |  |  |  |
| above   |  |  |  |  |  |
| ·   |  |  |  |  |  |
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| Office Use Only                                   |  |  |  |  |  |



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## COVER LETTER

TO:

Registration Section

| Div                           | ision of Corporation   | is   |   |  | 1  |  |
|-------------------------------|--|--|---|--|--|--|
| eud irær.                     | SAG FL 2, LLC  |  |   |  |  |  |
| SUBJECT:                      | Name of Limited Liability Company  |  |   |  |  |  |
| The enclosed<br>Existence, at | d "Application by For<br>nd check are submitte   | eign Limited Liability Comp<br>d to register the above refer               | pany for Authorization to Tenced foreign limited liabil | ransact Business in Florida<br>ity company to transact bus                                     | i," Certificate of<br>siness in Florida. |  |
| Please return                 | n all correspondence o   | oncerning this matter to the   | following:  |  |  |  |
|                               | John M. Smith,   | Jr.  |   |  |  |  |
|                               | Name of Person   |  |   |  |  |  |
|                               | ····   |  |   |  | _  |  |
|                               | Firm/Company   |  |   |  |  |  |
|                               | 555 Old School Road  |  |   |  |  |  |
|                               | Address  |  |   |  | 1  |  |
|                               | Gulf Stream, FL 33483  |  |   |  |  |  |
|                               | City/State and Zip Code  |  |   |  | _  |  |
|                               | jmsjrl@gmail.co  | •  |   |  |  |  |
|                               |  | E-mail address: (to be use   | d for future annual report r                            | notification)  | ;  |  |
| For further in                | nformation concernin   | g this matter, please call:  |   | ·  |  |  |
| Jol                           | nn M. Smith, Jr.   |  | 479 459- <sup>-</sup>                                   | 7069   |  |  |
|                               | Name o   | f Contact Person   |   | aytime Telephone Number  | _ ' .                                    |  |
| Div<br>Reg<br>P.C             | AILING ADDRESS:<br>vision of Corporations<br>gistration Section<br>D. Box 6327<br>Hahassee, FL 32314 |  | Divisio<br>Registr<br>Clifton<br>2661 E                 | er Address: on of Corporations ration Section Building executive Center Circle assee, FL 32301 |  |  |
|                               | a check for the follow<br>\$125.00 Filing Fee  | ing amount:  \$\sum \\$130.00 \text{ Filing Fee & Certificate of Status}\$ | \$155.00 Filing Fee & Certified Copy                    | □ \$160.00 Filing Fee,<br>of Status & Certified C  |  |  |

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

|                                |  | TION 605.0902, FLORIDA STATUTES, TI<br>ISINESS IN'THE STATE OF FLORIDA:                         | HE FOLLOWING IS SUBMITTED TO REGIST   | TER A FOREIGN LIMITED LIABILITY                  |  |
|--------------------------------|--|---|---|--|--|
| 1                              | SAG FL 2, LLC<br>(Name of Foreign  | Limited Liability Company, must include "I  | Limited Liability Company, "TL L C.," or "LLC."   |  |  |
| (if m                          | ime unavailable, enter alternate n                                       | ame adopted for the purpose of transacting business   | s in Florida. The atternate name must include "Limited Lis  | ibility Company," "L L C," or "LLC.")            |  |
| 2. <u> </u>                    | Delaware<br>(Jurisdiction under the law of wi                            | hich foreign famited liability company is organized)  | 3(FEI mum   | ber, if applicable)                              |  |
| 4                              |  | (Date first transacted business in Flonda, if p<br>(See sections 605.0904 & 605.0905, F.S. to 6 | prior to registration: )<br>determine penalty liability)  |  |  |
| 5.                             | 555 Old School Road  |   | 6. 555 Old School Road  | <u> </u>   |  |
| -                              | (Street Address of F<br>Gulf Stream, FL 33483                            | · · · · · · · · · · · · · · · · · · ·   | Gulf Stream, FL 33483   | iress)   |  |
| 7. 1                           | Name and street addres   | ss of Florida registered agent: (P.O.   | . Box <u>NOT</u> acceptable)  |  |  |
|                                | Name:  | C T Corporation System  |   | ,  |  |
|                                | Office Address:  | 1200 South Pine Island Road   |   | :  |  |
|                                |  | Plantation  | , Florida 33324.  |  |  |
|                                |  | s of my position as registered agent  | //  | duties, and I am familiar with                   |  |
| 8.                             | The name, title or caps <u>Title or Capacity:</u>                        | acity and address of the person(s) who Name and Address:  | ho has/have authority to manage is/are: Title or Capacity:  | Name and Address:                                |  |
|                                | Manager  | John M. Smith, Jr.  |   | <u> </u>   |  |
|                                |  | 555 Old School Road<br>Gulf Stream, FL 33483  |   | NOV P  |  |
| (Use attachments if necessary) |  |   |   |  |  |
| juri                           | Attached is a certificate sdiction under the law he translator must be s | of which it is organized. (If the certi-  | old, duly authenticated by the official hificate is in a foreign language, a transla  | aving custody of recerds in the                  |  |
| 10.<br>sub                     | This document is exec<br>mitted in a document to                         | o the Department of State constitutes   | 5.0203 (1) (b), Florida Statutes. I am awa<br>s a third degree felony as provided for in<br>guature of an authorized person | re that any false information<br>s.817.155, F.S. |  |
|                                |  | John M. Smith, Jr.  | yord or printed name of single  |  |  |

## Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SAG FL 2, 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 SECOND DAY OF NOVEMBER, A.D. 2017.

Authentication: 203507240

Date: 11-02-17

6601674 8300 SR# 20176903048

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