

M18000006512

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

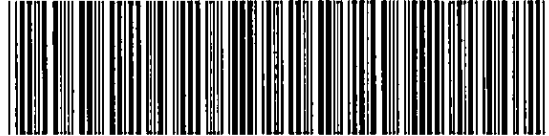
(Business Entity Name)

(Document Number)

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

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2018 JUL 13 AM 10:04

CLERK OF COURT  
TALLAHASSEE, FLORIDA

W18000051195

UKS  
07/17/18

LAW OFFICE OF  
CLARK A. STILLWELL, LLC  
ATTORNEY AT LAW

BRANNEN BANK BUILDING  
320 U.S. HIGHWAY 41 SOUTH  
INVERNESS, FLORIDA 34450

TELEPHONE: (352) 726-6767  
FAX: (352) 726-8283  
caslaw@tampabay.rr.com

MAILING ADDRESS:  
POST OFFICE BOX 250  
INVERNESS, FL 34451-0250

July 12, 2018

**Via Federal Express**

Secretary of State  
Division of Corporations  
Jancee L. Smith  
Regulatory Specialist II

Tallahassee, Florida

RE: Application by Foreign Limited Liability Company for Authorization to  
Transact Business in Florida

Dear Ms. Smith:

Per your conversation with my assistant Carla this date: I enclosed the amended forms previously sent but not received. Please return them via the enclosed Federal Express envelope as discussed. If you have any further questions please call. Thank you for your assistance.

Very truly yours,

LAW OFFICE of CLARK A. STILLWELL, LLC



Clark A. Stillwell

CAS/ev  
Enclosure



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 31, 2018

CLARK A STILLWELL  
320 US HIGHWAY 41 S  
INVERNESS, FL 34450 US

SUBJECT: SAGE ASSET MANAGEMENT, LLC  
Ref. Number: W18000051195

We have received your document for SAGE ASSET MANAGEMENT, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer acceptable.

Please return the corrected original and one copy of 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.

Janeice L Smith  
Regulatory Specialist II  
Registration Section

Letter Number: 418A00011290

RECEIVED

2018 JUN 22 AM 10:00

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32314

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Sage Asset 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:

Clark A. Stillwell

Name of Person

Law Office of Clark A. Stillwell

Firm/Company

320 US Highway 41 S

Address

Inverness, Florida 34450

City/State and Zip Code

caslaw@tampabay.rr.com

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

For further information concerning this matter, please call:

Clark A. Stillwell

Name of Contact Person

at ( 352 )

Area Code

726-6767

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. Sage Asset Management, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")  
SAM FL, LLC  
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")
2. Wisconsin 3. 81-0927637  
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 505 King Street #300 6. P.O. Box 115  
(Street Address of Principal Office) (Mailing Address)  
LaCrosse, WI 54601 LaCrosse, WI 54602

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

Name: Clark A. Stillwell

Office Address: 320 US Highway 41 S

Inverness, Florida 34450  
(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.

Clark A. Stillwell  
(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>Manager</u>	<u>Maida Swenson-Fortune</u>		
	<u>P.O. Box 115</u>		
	<u>LaCrosse, WI 54602</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.

Clark A. Stillwell, Attorney for Applicant  
Signature of an authorized person

Clark A. Stillwell, Attorney for Applicant

Typed or printed name of signer

FILED  
2018 JUL 13 AM 10:04  
CLERK OF THE COURT  
ALLAHASSEE, FLORIDA

United States of America  
State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services



To All to Whom These Presents Shall Come, Greeting:

I, Mary Ann McCoshen, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

**SAGE ASSET MANAGEMENT, LLC**

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is December 28, 2015.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on May 22, 2018.

A handwritten signature in black ink that reads "Mary Ann McCoshen".

MARY ANN MCCOSHEN, Administrator  
Division of Corporate and Consumer Services  
Department of Financial Institutions

DFI/Corp/33

**To validate the authenticity of this certificate**

Visit this web address: <http://www.wdfi.org/apps/ccs/verify/>

Enter this code: **221461-779D82B5**