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Name:	Sapphire Partners, LLC
Document #:	
Order #:	11245385

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Amount: \$	155
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Thank you!

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Sapphire Partners, 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:

Eric Loi

Name of Person

Flaster Greenberg, P.C.

Firm/Company

1810 Chapel Avenue West

Address

Cherry Hill, NJ 08002

City/State and Zip Code

eric.loi@flastergreenberg.com

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

For further information concerning this matter, please call:

Eric Loi

856

661-2263

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

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**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. Sapphire Partners, 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. New Jersey 3. 22-3809349  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. Not Applicable  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 957 Route 33, Suite 328 6. 957 Route 33, Suite 328  
(Street Address of Principal Office) (Mailing Address)  
Hamilton Square, New Jersey 08690 Hamilton Square, New Jersey 08690

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

Name: Philip Dawson  
Office Address: 1553 Resolute Drive  
Celebration, Florida 34737  
(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.

By: [Signature]  
(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>Manager President</u>	<u>Philip Dawson</u> <u>1553 Resolute Drive</u> <u>Celebration, FL 34737</u>	
<u>Vice-President</u>	<u>Marguerite Panzetta</u> <u>9 Oak Dr</u> <u>HAMILTON, NJ 08690</u>	

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

(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]  
Signature of an authorized person  
Philip Dawson  
Typed or printed name of signee

**STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
SHORT FORM STANDING**

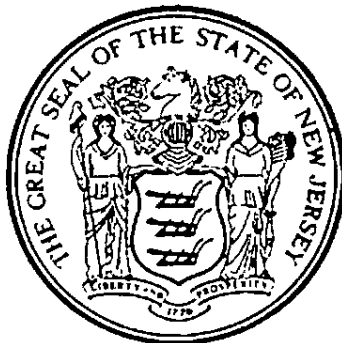
**SAPPHIRE PARTNERS, LLC  
0600146982**

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on August 02, 2002.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and office are:*

*PHILIP DAWSON  
957 ROUTE 33, SUITE 328  
HAMILTON SQUARE, . NJ 08690*



*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
7th day of November, 2018*

*Elizabeth Maher Muoio  
State Treasurer*

*Certificate Number : 6092632509*

*Verify this certificate online at*

*[https://www1.state.nj.us/TYTR\\_StandingCert/JSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp)*