

M20000004337

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

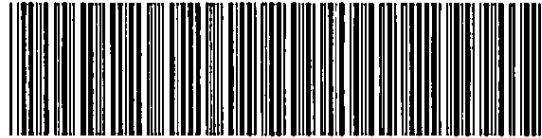
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5/7/20: Received Certificate

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04/23/20--01001--024 **155.00

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20 MAY -7 AM 6:32

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sage Realty 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:

Michael Meotti
Name of Person

Firm/Company

2401 Collins Ave, Apt 1002
Address

Miami Beach, FL 33140
City/State and Zip Code

Michael - Meotti@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Meotti at (917) 734-0296
Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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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20 MAR - 7 AM 6:32

**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 Realty LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

MM Capital Advisors LLC (if needed)
(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 York County
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 35-2211892
(FEL 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. 2401 Collins Ave, Apt 1002
(Street Address of Principal Office)
Miami, Beach FL 33140

6. 2401 Collins Ave, Apt 1002
(Mailing Address)
Miami, Beach FL 33140

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

Name: Michael Meotti

Office Address: 2401 Collins Avenue, Apt 1002
Miami, Beach, Florida 33140
(City) (Zip code)

FILED
20 MAY -7 AM 6 32

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.

[Signature]
(Registered agent's signature)

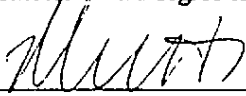
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Michael Meotti</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>2401 Collins Ave Apt 1202</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	<u>Miami Beach FL</u> <u>33140</u>	<input type="checkbox"/> Authorized Person	_____ _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____ _____	<input type="checkbox"/> Authorized Person	_____ _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____ _____	<input type="checkbox"/> Authorized Person	_____ _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.



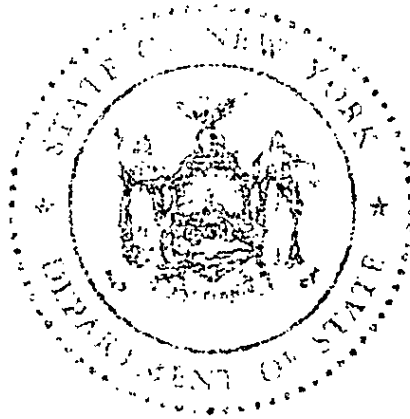
Signature of an authorized person

Michael Meotti

Typed or printed name of signee

State of New York
Department of State } ss:

I hereby certify, that SAGE REALTY LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 07/31/2003, and that the Limited Liability Company is existing so far as shown by the records of the Department.



*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 04th day of May two
thousand and twenty.*

Brendan C Hughes

*Brendan C Hughes
Executive Deputy Secretary of State*

STATE OF NEW YORK

DEPARTMENT OF STATE

I hereby certify that the annexed copy has been compared with the original document in the custody of the Secretary of State and that the same is a true copy of said original.



WITNESS my hand and official seal of the
Department of State, at the City of Albany,
on April 10, 2020.

Brendan C. Hughes

Brendan C. Hughes
Executive Deputy Secretary of State

6030731000867

New York State
Department of State
Division of Corporations, State Records
And Uniform Commercial Code
41 State Street
Albany, NY 12231

ARTICLES OF ORGANIZATION OF

SAGE REALTY LLC

(Insert name of Limited Liability Company)

Under Section 203 of the Limited Liability Company Law

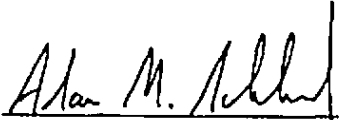
FIRST: The name of the limited liability company is: **SAGE REALTY LLC**

SECOND: The county within the State of New York in which the office of the limited liability company is to be located is: **NEW YORK COUNTY**

THIRD: The Secretary of State is designated as agent of the limited liability company upon whom process against it may be served. The address within or without this state to which the Secretary of State shall mail a copy of any process against the limited liability company served upon him or her is:

**ALACQUA & BAIERLEIN, LLP
ATTN: ALAN SCHLISSEL
ONE OLD COUNTRY ROAD
SUITE 297
CARLE PLACE, N.Y. 11514-1820**

FOURTH: No member(s), manager(s) or agent(s) are liable in their capacity as member(s), manager(s) or agent(s) or participating (as an employee, consultant, contractor or otherwise) in the conduct of the business of Sage Realty, LLC, for any debts, obligations or liabilities of Sage Realty, LLC or each other, whether arising in tort, contract or otherwise.


(signature of organizer)

Alan M. Schlisse
(print or type name of organizer)

030731000867

ARTICLES OF ORGANIZATION
OF

SAGE REALTY LLC
(Insert name of Limited Liability Company)

Under Section 203 of the Limited Liability Company Law

Filed by: Alan M. Schlissel, Esq.
(Name)

One Old Country Road – Suite 297
(Mailing Address)

Carle Place, N.Y. 11514
(City, State and ZIP code)

100
STATE OF NEW YORK
DEPARTMENT OF STATE
JUL 31 2003
FILED
TAX S
BY: [Signature]

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 28, 2020

MICHAEL MEOTTI
2401 COLLINS AVE, APT 1002
MIAMI BEACH, FL 33140 US

SUBJECT: SAGE REALTY LLC
Ref. Number: W20000041859

We have received your document for SAGE REALTY LLC and check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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

Laura D Chang
Regulatory Specialist II

Letter Number: 420A00008773

5/7/20 Received Certificate LDC