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Date:	July 01	, 2020	Account#: 1200000000	388	
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Account#: 1200000000088

Date: July 01	, 2020	7.000 d H.W. 12000000	0000
Name: KEN H	OWELL		
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RECISTRY CHOIGHT

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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Sage Client 237, LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L L.C.," or "LLC.") (If name unavailable, oner alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Lurated Liability Company," "L.L.C." or "LLC.") Colorado (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Flanda, if prior to registration) (See sections 605 0904 & 605 0905, F.S. to determine penalty liability) 5. 1575 Welton Street, Suite 300 1575 Welston Street, Suite 300 (Street Address of Principal Office) (Mailing Address) Denver, CO 80202 Denver, CO 80202 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) COGENCY GLOBAL INC. Name: Office Address: 115 North Calhoun St. Suite 4 Tallahassee Florida 32307 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. Rodney Waller
(Registered agent's sugnature)

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]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: Sage Hospitality Resources LLC Name: Sage Management Services, Inc. Manager Address: 1575 Welton Street, Suite 300 Address: ______ Member Member Denver, CO 80202 Denver, CO 80202 Authorized Authorized Person Person Other_____ Other _ Other_____ Other Name: ____Jason Altberger Manager Manager Address: _____ Street, Suite 300 Address: ______ Member Member Denver, CO 80202 Authorized □ Authorized Person Person Other____ Other Other Other_ Manager Manager Name: _____ Name: Address: Member Member Address: ______ Authorized Authorized Person Person Other_ Other Other____ Other_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. Jason Altberger

Typed or printed name of signer

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Sage Client 237, LLC

is a

Limited Liability Company

formed or registered on 07/01/2020 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20201578507.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 06/30/2020 that have been posted, and by documents delivered to this office electronically through 07/01/2020 @ 13:10:47.

I have affixed hereto the Great Scal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 07/01/2020 @ 13:10:47 in accordance with applicable law. This certificate is assigned Confirmation Number 12441066 .



Secretary of State of the State of Colorado

******************End of Certificate*********

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sos.state.co.us/bz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."