

M20000006955

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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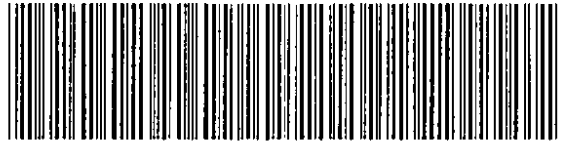
(Business Entity Name)

(Document Number)

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**CORPORATE
ACCESS,
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FOREIGN

1. **SAGE COMMUNITIES, LLC**

(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

2020 AUG 11 AM 9:31

**SPECIAL
INSTRUCTIONS:**

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 Communities, 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.")

Delaware

2. (Jurisdiction under the law of which foreign limited liability company is organized)

3. 85-2431218
(FBI 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)

6810 International Center Blvd.

5. (Street Address of Principal Office)

Fort Myers, FL 33912

6810 International Center Blvd.

6. (Mailing Address)

Fort Myers, FL 33912

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

Name: Bolanos Truxton, P.A.

Office Address: 12800 University Drive, Suite 350

Fort Myers

(City)

, Florida 33912

(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.

(Registered agent's signature)

2020 APR 11 AM 9:31

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>	
<input checked="" type="checkbox"/> Manager	Name:	Randy Thibaut	
<input type="checkbox"/> Member	Address:	6810 International Center Blvd.	
<input type="checkbox"/> Authorized		Fort Myers, FL 33912	
Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other	

<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized			
Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other	

<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized			
Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other	

<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized			
Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other	

<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input checked="" type="checkbox"/> Manager	Name:	Kristi Denny	
<input type="checkbox"/> Member	Address:	6810 International Center Blvd	
<input type="checkbox"/> Authorized		Fort Myers, FL 33912	
Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other	

<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized			
Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other	

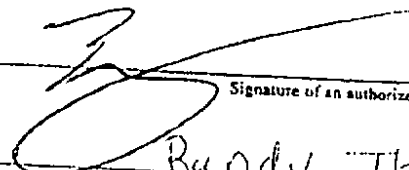
<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized			
Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other	

<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized			
Person			
<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
Randy Thibaut

Typed or printed name of signee

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SAGE COMMUNITIES, 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 FIFTH DAY OF AUGUST, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SAGE COMMUNITIES, LLC" WAS FORMED ON THE THIRD DAY OF AUGUST, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

2020 Aug 11 AM 9:31




Jeffrey W. Bullock, Secretary of State

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SR# 20206594883

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

Authentication: 203412663

Date: 08-05-20