

M 200000010843

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

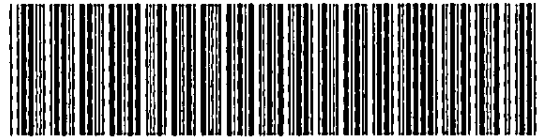
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700355422847

11/20/20--01013--009 **125.00

2020 NOV 20 PM 4:49

US
11/30/20

COVER LETTER

TO: Registration Section
Division of Corporations

Covered by Sage LLC
SUBJECT: _____

Name of Limited Liability Company

We 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:

Douglas Warren Rowe

Name of Person

Covered by Sage LLC

Firm/Company

7000 Central Parkway, Suite 1100

Address

Atlanta, GA 30328

City/State and Zip Code

carrierpartners@joinsage.com

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

For further information concerning this matter, please call:

Douglas Warren Rowe

917

9365949

at (_____) _____

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

2009 NOV 20 PM 4:50

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Covered by Sage 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. Georgia

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

3. 83-3393029

(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. 4961 Babcock St NE #6

(Street Address of Principal Office)

Palm Bay, FL 32905

6. 7000 Central Parkway, Suite 1100

(Mailing Address)

Atlanta, GA 30328

2029 NOV 20 PM 4:59

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

Name: Tammy Ann Medeiros

Office Address: 4961 Babcock St NE #6

Palm Bay

(City)

Florida

32905

(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.

Tammy Ann Medeiros

(Registered agent's signature)

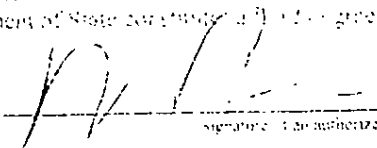
For optional indexing purposes, list names, title or capacity and address of the primary members/managers in person or letter form (maximum of six (6) total):

<u>Primary Manager</u>		<u>Name and Address</u>		<u>Title or Capacity</u>		<u>Name and Address</u>	
<input checked="" type="checkbox"/> Manager	Name:	Rashik Adhikari		<input checked="" type="checkbox"/> Manager	Name:	Douglas Warren Rowe	
<input type="checkbox"/> Member	Address:	356 57th Street		<input type="checkbox"/> Member	Address:	78 Revere St	
<input checked="" type="checkbox"/> Authorized		Brooklyn, NY 11209		<input checked="" type="checkbox"/> Authorized		Anasco, PR 00610	
	Person				Person		
<input checked="" type="checkbox"/> Other	CEO	<input type="checkbox"/> Other		<input checked="" type="checkbox"/> Other	COO	<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				<input type="checkbox"/> Authorized			
	Person				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				<input type="checkbox"/> Authorized			
	Person				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				<input type="checkbox"/> Authorized			
	Person				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.

1. Attachment is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of record in the jurisdiction under the law of which it is organized. If the certificate is in a foreign language, a translation of the certificate must be attached. The translation must be notarized.

2. The document is executed in accordance with state or federal law. I certify that any false information provided on this document to the Department of State constitutes a crime as provided for in s. 817.155, F.S.



 Signature of the authorized person
 Douglas Warren Rowe

 Printed or stamped name of officer

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Covered by Sage LLC
a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 19802562
Date Inc/Auth/Filed: 01/28/2019
Jurisdiction : Georgia
Print Date : 11/09/2020
Form Number : 211



Brad Raffensperger

Brad Raffensperger
Secretary of State