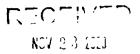
M20000010954

(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



600355235746



11/24/20--01007--025 **125.60

COVER LETTER

ECT:	Name of Limited Liability Company	
closed "Application by Foreign Limit	ed Liability Company for Authorization to Transact Business in Floric	la " (
ce, and check are submitted to registe	er the above referenced foreign limited liability company to transact by	sine
return all correspondence concerning	this matter to the following:	
Markus Leghart		
	Name of Person	_
Sage Integration Holdings	LLC	
	Firm/Company	_
4075 Karg Industrial Parky	way	
	Address	_
Kent, OH 44240		
	City/State and Zip Code	_
mleghart@sageintegration.co	·	
	dress: (to be used for future annual report notification)	
her information concerning this matte	er, please cull:	1
Steve Estelle	614 288-5407	3.3 3.1
Name of Contact P	erson Area Code Daytime Telephone Number	_
Mailing Address:	Street Address:	.c
Registration Section	Registration Section	:
Division of Corporations	Division of Corporations	-
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

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

IN COMPLIANCE WITH SECTION 605.0502, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Sage Integration Holdings	LLC milet Liability Company; must include "Limited	d Lability	Company, "L.L.C.," or "LLC.")	
	te adopted for the purpose of transacting business in F		Access many mass include "Lumited Liability C	ompany." "U.C." or "L
ianie unavailable, enter alternate nam	te adopted for the purpose of transacting business in F	heida the s	memore mane many manager	
			34-1963481 (FCI number, step	
Ohio Ohio		.,.	(FLI number, it ap	nh:acle)
(intisent and above the				
11/1-2020				
	(Date first transacted business in Florida, it prior to (See sections 605,0904 & 605,0905, F.S. to determ	nine beurgy i testerration	i) lizbility)	
			ADJE Karo Industrial Parkway	
4075 Karg Industrial Parkway Screen Address of Principal Office)		ń.	(Mailing Address)	
iree: Address of Principal Office)				
Kent. OH 44240			Kent, OH 2240	
Kent. Ott				
	s of Florida registered agent: (P.O. Bo	x NOT	acceptable)	• •
 Name and street address 	§ Of Florida registered agent. (1. 33)			-
				55
N	C T Corporation System			7
Name:	1200 South Pine Island Road			-
o or				
Office Address:			33324	
	Plantation		. Florida /Zincodei	
(Cay)		(Vita cope)		

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: C T Corporation System	Chimini VCM	Christine Kelm Assistant Socretory	
	(Registered agent's simultare)		

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:		Title or Capacity:	Name and Address:	
■Manager	Name: Eric Frasier	≅ Manager	Name: Matt Bennett	
□Member	Address: 4075 Karg Industrial Pkwy	□Member	Address: 4075 Karg Industrial Pkwy	
□Authorized	Kent, OH 44240	□Authorized	Kent, OH 44240	
Person		Person		
□Other	Other	□Other		
≝ Manager	Name: Matt Walter	■Manager	Name: Kevin Ramsier	
□Member	Address: 4075 Karg Industrial Pkwy	□Member	Address: 4075 Karg Industrial Pkwy	
□Authorized	Kent, OH 44240	□Authorized	Kent, OH 44240	
Person		Person		
Other	Dother	LIOther	□Other	
.IManager	Name.	∐Manager	Name:	
]Member	Address:	∐Member	Address:	
□Authorized		□Authorized	•	
Person		Person		
_lOther	□Other	LIOther	□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.

Nightaure of an authorized person

Eric Frasier

Typed or printed teams of signee

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show SAGE INTEGRATION HOLDINGS, LLC, an Ohio For Profit Limited Liability Company, Registration Number 1219431, was organized within the State of Ohio on March 26, 2001, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 18th day of November, A.D. 2020.

1 for

Ohio Secretary of State

Validation Number: 202032301616