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Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (614)573-3996

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: jslais@sageadvisory.com

**Foreign Limited Liability Company  
Sage Advisory Services Ltd. Co. LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

2024 JUN 19 AM 10:33

Electronic Filing Menu

Corporate Filing Menu

Help

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 Advisory Services Ltd. Co. 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. Texas

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

3. 74-2798841

(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. 5900 SOUTHWEST PKWY BLDG 1

(Street Address of Principal Office)

6. 5900 SOUTHWEST PKWY BLDG 1

(Mailing Address)

AUSTIN, TX 78735-6203

AUSTIN, TX 78735-6203

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

Florida 33324

(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.

C T Corporation System

By:

(Registered agent's signature)

Jori Sawan, Assistant Secretary

2024 JUN 19 AM 10:33

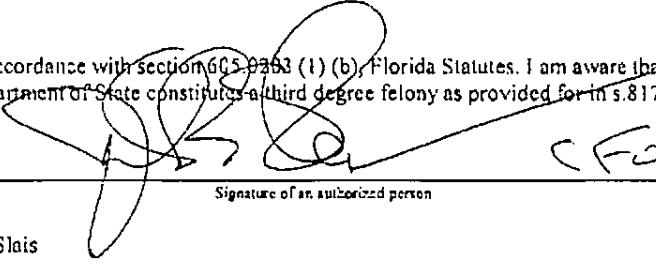
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Robert G Smith III</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Thomas Urano</u>
<input checked="" type="checkbox"/> Member	Address: <u>31 Water Front Ave.</u>	<input checked="" type="checkbox"/> Member	Address: <u>9516 Velella Place</u>
<input type="checkbox"/> Authorized	<u>Austin, TX 78734</u>	<input type="checkbox"/> Authorized	<u>Austin, TX 78735</u>
Person	<u>President &amp; Managing Member</u>	Person	<u>CIO &amp; Managing Member</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input checked="" type="checkbox"/> Manager	Name: <u>Michael Walton</u>	 <input checked="" type="checkbox"/> Manager	Name: <u>Robert D. Williams</u>
<input checked="" type="checkbox"/> Member	Address: <u>12020 Lake Stone Dr</u>	<input checked="" type="checkbox"/> Member	Address: <u>3319 San Mateo Dr</u>
<input type="checkbox"/> Authorized	<u>Austin, TX 78738</u>	<input type="checkbox"/> Authorized	<u>Austin, TX 78738</u>
Person	<u>Managing Member</u>	Person	<u>Managing Member &amp; Chief Strategist</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input checked="" type="checkbox"/> Manager	Name: <u>Robert W Moser</u>	 <input type="checkbox"/> Manager	Name: <u>John R Slais</u>
<input checked="" type="checkbox"/> Member	Address: <u>10105 S. Shadow Hill Dr</u>	<input checked="" type="checkbox"/> Member	Address: <u>407 Duck Lake Drive</u>
<input type="checkbox"/> Authorized	<u>Lone Tree, CO 80124</u>	<input type="checkbox"/> Authorized	<u>Lakeway, TX 78734</u>
Person	<u>Managing Member &amp; National Sales Dir</u>	Person	<u>CFO &amp; Member</u>
<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 my 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  
 John R Slais  
 \_\_\_\_\_  
 Typed or printed name of signer

Corporations Section  
P.O.Box 13697  
Austin, Texas 78711-3697



Jane Nelson  
Secretary of State

## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles Of Organization for SAGE ADVISORY SERVICES, LTD. CO. (file number 702106922), a Domestic Limited Liability Company (LLC), was filed in this office on October 08, 1996.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on June 18, 2024.



A handwritten signature in black ink, reading "Jane Nelson".

Jane Nelson  
Secretary of State