P150000 55715

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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MICHETARY OF STATE

WH-

COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: SAGE METAL	cy L.L.	С.			
(PROPOSED CORPORAT	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)			
Enclosed are an original and one (1) copy of the artic	cles of incorporation and	a check for:			
\$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status			
		<u> </u>			
FROM: FELTPE LA	WERDE (Printed or typed)				
2816 ROBINSON ST.					
ORLANDO, FL	32803 State & Zip				
954 448 Daytime Te	1061 elephone number				
SAGEMETALS LUC C GMAT L. Com F-mail address: (to be used for future annual report notification)					

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 21, 2015

FELIPE LAVERDE 2816 ROBINSON ST. ORLANDO, FL 32803

SUBJECT: SAGE METALS LLC. Ref. Number: W15000036282

We have received your document for SAGE METALS LLC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 815A00010828



ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME The name of the corpora	tion shall be: SAGE ME	TALS	CO1-41	M 26 PM 4: 1
ARTICLE II PRINC	CIPAL OFFICE Principal street address		Mailing address, if differen	ETARY OF STATE HASSEE, FLORIDA nt is:
2816 E. R	OBTINON ST. FC 32803			
OCCANDO	1 LC 39803		<u></u>	· · · · · · · · · · · · · · · · · · ·
_	DSE he corporation is organized is: ANY R ANO SACE OF			I_C(UDZW
	Stock is: 1000			
Name and Title	FELIPE LAVERDE			
Address	BRIGE. ROBERSON ST CORLANDO, FL 32803	Address:		
Name and Title:		Name and Title	:	
Address		Address:		
Nama and Title		Name and Title	,	<u>.</u>
Address			•	
		•		



18 JUN 26 PM 4: 19

Name and Title:	Name and Title:	
Address	Address:	SACHETARY OF STATE TALLAHASSEE, FLORIDA
		<u> </u>
ARTICLE VI REGISTERED AGENT		
The name and Florida street address (P.O. Box l	NOT acceptable) of the registered agent is:	
Name: FELTPE LAVE		
Address: <u>ABIBE</u> , Ro	ST GOLDSON	
grhand pr	39803	
ARTICLE VII INCORPORATOR		
The name and address of the Incorporator is:		
Name: FELTRE L	AVERDE	
2816 E.S	203INOU ST	
Address: ORLANDO (
OCCAADO P	-c 30803	
ARTICLE VIII EFFECTIVE DATE:		
Effective date, if other than the date of filing: (If an effective date is listed, the date must be s		
days after the filing.)	•	
Note: If the date inserted in this block does not not the document's effective date on the Department		ents, this date will not be listed as
Having been named as registered agent to accept this certificate, I am familiar with and accept the		
		5-15-15
Required Signature/Re	gistered Agent	Date
I submit this document and affirm that the facts document to the Department of State constitutes of		
accument to the Department of State constitutes to	i miru uegree jeiony us proviueu jor in 8.617.	
Paguined Sion - No.		<u>S-15-15</u>
Required Signature/Incorporator		Date