

M24 000004959

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

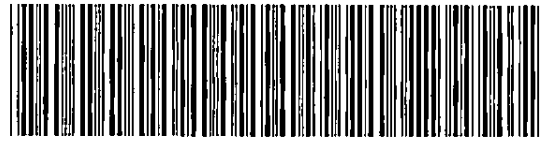
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2024 APR 17 PM 2:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA 32303

2024 APR 17 PM 12:48

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MS


**CAPITAL CONNECTION, INC.**

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

SAGAMORE ASSOCIATES LLC

Please Debit FCA000000003 For: 125.00

Thank you Seth Neeley



Signature

Requested by: SN      04/17/24

Name                      Date                      Time

Walk-In \_\_\_\_\_ Will Pick Up \_\_\_\_\_

- \_\_\_\_\_ Art of Inc. File \_\_\_\_\_
- \_\_\_\_\_ LTD Partnership File \_\_\_\_\_
- \_\_\_\_\_ Foreign Corp. File \_\_\_\_\_
- \_\_\_\_\_ L.C. File **Foreign Qual**
- \_\_\_\_\_ Fictitious Name File \_\_\_\_\_
- \_\_\_\_\_ Trade/Service Mark \_\_\_\_\_
- \_\_\_\_\_ Merger File \_\_\_\_\_
- \_\_\_\_\_ Art. of Amend. File \_\_\_\_\_
- \_\_\_\_\_ RA Resignation \_\_\_\_\_
- \_\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_
- \_\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_
- \_\_\_\_\_ Cert. Copy \_\_\_\_\_
- \_\_\_\_\_ Photo Copy \_\_\_\_\_
- \_\_\_\_\_ Certificate of Good Standing \_\_\_\_\_
- \_\_\_\_\_ Certificate of Status \_\_\_\_\_
- \_\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_
- \_\_\_\_\_ Corp Record Search \_\_\_\_\_
- \_\_\_\_\_ Officer Search \_\_\_\_\_
- \_\_\_\_\_ Fictitious Search \_\_\_\_\_
- \_\_\_\_\_ Fictitious Owner Search \_\_\_\_\_
- \_\_\_\_\_ Vehicle Search \_\_\_\_\_
- \_\_\_\_\_ Driving Record \_\_\_\_\_
- \_\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_
- \_\_\_\_\_ UCC 11 Search \_\_\_\_\_
- \_\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_
- \_\_\_\_\_ Courier \_\_\_\_\_

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 SAGAMORE ASSOCIATES LLC, an Ohio Limited Liability Company, Registration Number 1421306, was organized in the State of Ohio on November 4, 2003, 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 1st day of April, A.D. 2024.*

A handwritten signature in cursive script, appearing to read "Frank LaRose".

Ohio Secretary of State

Validation Number: 202409203928

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. Sagamore Associates, 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. Ohio
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 34-1536789
(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. 23258 Fernwood Drive
(Street Address of Principal Office)
Beechwood, OH 44122

6. 23258 Fernwood Drive
(Mailing Address)
Beechwood, OH 44122

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

Name: Harry M. Brown

Office Address: 5005 Collins Avenue, #1117

Miami Beach, Florida 33140
(City) (Zip code)

Vertical stamp: JUN 17 PM 12:48

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.

Harry M Brown
(Registered agent's signature)

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:**  Manager  
**Name and Address:** Name: Nathan Pollack  
 Address: 23258 Fernwood Drive  
 Beechwood, OH 44122  
 Member  
 Authorized Person  
 Other \_\_\_\_\_  Other \_\_\_\_\_

**Title or Capacity:**  Manager  
**Name and Address:** Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Member  
 Authorized Person  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Manager  
**Name and Address:** Name: Harry M. Brown  
 Address: 5005 Collins Avenue  
 Unit 1117  
 Authorized Person  
 Miami Beach, FL 33140  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Manager  
**Name and Address:** Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Member  
 Authorized Person  
 Other \_\_\_\_\_  Other \_\_\_\_\_

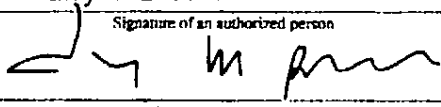
Manager  
**Name and Address:** Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Member  
 Authorized Person  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Manager  
**Name and Address:** Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Member  
 Authorized Person  
 Other \_\_\_\_\_  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.

Harry M Brown  
 Signature of an authorized person  
  
 Harry M. Brown  
 Typed or printed name of signee

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

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