Secretary of State		_LC-12	21-D24943			
(Limited Liability Company)			FILED			
IMPORTANT — Read instructions before completing this form.		In the office of the Secretary of State of the State of California				
Filing Fee – \$20.00						
			JUN 30, 2021			
Copy Fees – First page \$1.00; each attachment page \$0.50; Certification Fee - \$5.00 plus copy fees			This Space For Office Use Only			
1. Limited Liability Company Name (Enter the exact name of the	LLC. If you	egistered in Califor				
SAGE COLLECTIVE HOLDINGS LLC						
2. 12-Digit Secretary of State File Number	3. State,	State, Foreign Country or Place of Organization (only if formed outside of California				
202117911058	CALIF	FORNIA				
4. Business Addresses						
a. Street Address of Principal Office - Do not list a P.O. Box 1587 Dell Ave. #321522		City (no abbreviat	ions) State Zip Code CA 95008			
b. Mailing Address of LLC, if different than item 4a		City (no abbreviat				
1587 Dell Ave. #321522	Campbell		CA 95008			
c. Street Address of California Office, if Item 4a is not in California - Do not list 1587 Dell Ave. #321522	t a P.O. Box	City (no abbreviat	ions) State Zip Code CA 95008			
5. Manager(s) or Member(s) must be listed. If the manager/me an entity, complete Items 5b and	ember is an i 5c (leave Iter	ndividual, complete n 5a blank). Note:	me and address of each member . At least one name <u>and</u> address Items 5a and 5c (leave Item 5b blank). If the manager/member is The LLC cannot serve as its own manager or member. If the LLC ses on Form LLC-12A (see instructions).			
a. First Name, if an individual - Do not complete Item 5b Stephanie		Middle Name	Last Name Suffix Ordonio			
b. Entity Name - Do not complete Item 5a						
c. Address 1587 Dell Ave. #321522		City (no abbreviations) State Zip Coo Campbell CA 95008				
6. Service of Process (Must provide either Individual OR Corporation	on.)	Campbon				
INDIVIDUAL – Complete Items 6a and 6b only. Must include agent	's full name a	nd California street	address.			
a. California Agent's First Name (if agent is not a corporation) Stephanie		Middle Name	Last Name Suffix Ordonio			
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box 1587 Dell Ave. #321522		City (no abbreviat	tions) State Zip Code CA 95008			
CORPORATION – Complete Item 6c only. Only include the name of		5	on.			
c. California Registered Corporate Agent's Name (if agent is a corporation) – D	o not complet	e Item 6a or 6b				
 7. Type of Business a. Describe the type of business or services of the Limited Liability Company 						
Investments Services						
B. Chief Executive Officer, if elected or appointed		Midelle Marine				
a. First Name		Middle Name	Last Name Suffix			
b. Address		City (no abbreviat	ions) State Zip Code			
9. The Information contained herein, including any attachm	nents, is tru	e and correct.				
06/30/2021 Cheyenne Moseley		ļ	Asst. Sec., LegalZoom.com, Inc., OBO filing ent			
Date Type or Print Name of Person Completing th	he Form		Title Signature			
Return Address (Optional) (For communication from the Secretary of						
person or company and the mailing address. This information will become p	public when f	iea. SEE INSTRU(UTIONS BEFORE COMPLETING.)			
Name:		1				
Company:						
Address:		,				
City/State/Zip:		L				

Attachment to Statement of Information (Limited Liability Company)	LLC-12A Attachment	21-D24943				
A. Limited Liability Company Name						
SAGE COLLECTIVE HOLDINGS LLC						
		This Space For Office Use Only				
B. 12-Digit Secretary of State File Number	C. State or Place of Organization (only if formed outside of California)					
202117911058	CALIFORNIA					

D. List of Additional Manager(s) or Member(s) - If the manager/member is an individual, enter the individual's name and address. If the manager/member is an entity, enter the entity's name and address. Note: The LLC cannot serve as its own manager or member.

First Name Andre	Middle Name S	Last Name Ordonio			Suffix					
Entity Name										
Address 1587 Dell Ave. #321522	City (no abbreviations) Sta Campbell C		State CA	Zip Code 95008						
First Name	Middle Name	Last Name			Suffix					
Entity Name										
Address	City (no abbreviations) State Zi			Zip (Code					
First Name	Middle Name	Last Name			Suffix					
Entity Name	1									
Address	City (no abbreviations)		State	Zip Code						
First Name	Middle Name	Last Name			Suffix					
Entity Name	1	I								
Address	City (no abbreviations) State Zip		Zip (p Code						
First Name	Middle Name	liddle Name Last Name			Suffix					
Entity Name	1	I								
Address	City (no abbreviations) State		State	Zip Code						
First Name	Middle Name	Last Name			Suffix					
Entity Name	I	I								
Address	City (no abbreviations) State Zip		Zip (p Code						
First Name	Middle Name Last Name		-	Suffix						
Entity Name										
Address	City (no abbreviations) State Z		Zip (Zip Code						