## M18000008099

(Requestor's Name)							
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PICK-UP WAIT MAIL							
(Business Entity Name)							
(Dusiness Entry Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							





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## COVER LETTER

TO:

TO:	Registration Section Division of Corporatio	ns			
cum u		TO SERVICING, LLC			
SUBJE	CI:	Name of L	imited Liability Co	mpany	
The end Existen	closed "Application by Fo	reign Limited Liability Comp ed to register the above refere	any for Authorizati need foreign limite	on to Trai d liability	nsact Business in Florida," Certificate of company to transact business in Florida.
Please	eturn all correspondence	concerning this matter to the	following:		
	D. J. MILL	ER			
		Na	me of Person		
	SENSIBLI	E AUTO SERVICING, LLC			
	<del></del>	Fil	rm/Company		
	26 MILL F	LAIN RD, SUITE 2D			
			Address		
	DANBUR	Y, CT 06810			
		City/S	ate and Zip Code		
	dj@sensibl	eauto.com			
		E-mail address: (to be used	for future annual i	report not	ification)
For fur	ther information concerni	ng this matter, please call:			
	D. J. Miller		860 at (	391-8	029
	Name	of Contact Person	Area Code	Day	time Telephone Number
	MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton B 2661 Exc	ADDRESS: of Corporations ion Section uilding centive Center Circle see, FL 32301
Enclos	ed is a check for the follo	wing amount:  \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Certified Copy	g Fee &	■ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPILANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TOTRANSACT RUSINESS IN THE STATE OF FLORIDA:

traine or relegio	RVICING, LLC Limited Liability Company; must include "I	imited Liability Con	npany," "L.L.C ," or "LLC.")		
	ame adopted for the purpose of transacting business			ahty Company," "L.L.C," or "LLC "	•
2. STATE OF DELAWAR	RE high foreign limited liability company is organized)	3. <del>47-</del>	·2629756	er, if applicable)	
(ministration time) are law or wi	men toreign minited nationly condustry is organized)		(1121 hustix	п, п присаме)	
4	(Date first transacted business in Florida, if p (See sections 605 0904 & 605 0905, F.S. to)	rior to registration.) determine negative liabilit	<u></u>		
5 26 MILL PLAIN RD		, ,	BOX 3115		
(Street Address of F	Principal Office)	· <del></del> -	(Mailing Addre	255)	
SUITE 2D		DAI	NBURY, CT 06813		
DANBURY, CT 068	11			A SE	
7. Name and street addres  Name:	ss of Florida registered agent: (P.O. JUSTIN SOCK	Box <u>NOT</u> accep	otable)	2018 AUG 27 SECRETARY	FE
Office Address:	4915 MELROW CT		_	F. 异 王	
Office Address.	TAMPA		Florida <u>33624</u>	AM11: 5	
desianated in this annlica	tion. I berely accent the appointm		he above stated limited		
to comply with the provisi and accept the obligation.  8. The name, title or capa	acity and address of the person(s) w	ent as registered roper and complete roper and comp	agent and agree to act to ete performance of my a	in this capacity. I further lutics, and I am familiar 	r agree
to comply with the provisi and accept the obligation.  8. The name, title or capa Title or Capacity:	ions of all statutes relative to the pi s of my position as registered agent (Registered a	ent as registered roper and complete roper and comp	agent and agree to act i	in this capacity. I further	r agree
to comply with the provisi and accept the obligation.  8. The name, title or capa	ions of all statutes relative to the property of my position as registered again (Registered a acity and address of the person(s) when we will be a subject to the person of the person	ent as registered roper and complete roper and comp	agent and agree to act to ete performance of my a	in this capacity. I further lutics, and I am familiar 	r agree
to comply with the provisi and accept the obligation.  8. The name, title or capa Title or Capacity:	ions of all statutes relative to the present of my position as registered again (Registered a distribution) and address of the person(s) where the person of	ent as registered roper and complete roper and comp	agent and agree to act to ete performance of my a	in this capacity. I further lutics, and I am familiar 	r agree
to comply with the provisi and accept the obligation.  8. The name, title or capa Title or Capacity:	ions of all statutes relative to the property of my position as registered again (Registered a acity and address of the person(s) when we will be a subject to the person of the person	ent as registered roper and complete roper and comp	agent and agree to act to ete performance of my a	in this capacity. I further lutics, and I am familiar 	r agree
to comply with the provisi and accept the obligation.  8. The name, title or capa Title or Capacity:	ions of all statutes relative to the present of my position as registered again (Registered a distribution) and address of the person(s) where the person of	ent as registered roper and complete roper and comp	agent and agree to act to ete performance of my a	in this capacity. I further lutics, and I am familiar 	r agree
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to comply with the provisi and accept the obligation.  8. The name, title or capa Title or Capacity:	acity and address of the person(s) w  Name and Address:  JASON FRIEDLAND  26 MILL PLAIN  DANBURY. CT	ent as registered roper and complete roper and comp	agent and agree to act to ete performance of my a	in this capacity. I further lutics, and I am familiar 	r agree
to comply with the provisi and accept the obligation:  8. The name, title or capa Title or Capacity: CEO  (Use attachments if neces)	ions of all statutes relative to the prix of my position as registered again the prison and address of the person(s) was and address:  JASON FRIEDLAND 26 MILL PLAIN DANBURY, CT  sary)  of existence, no more than 90 days of which it is organized. (If the cert	gent's signature) the has/have author Title of	agent and agree to act the performance of my active performance of my active performance of my active performance is/are:  or Capacity:	in this capacity. I further luties, and I am familiar  Name and Address:	r agree with
8. The name, title or capa Title or Capacity: CEO  (Use attachments if neces 9. Attached is a certificate jurisdiction under the law of the translator must be si	ions of all statutes relative to the prix of my position as registered again the prison and address of the person(s) was and address:  JASON FRIEDLAND 26 MILL PLAIN DANBURY, CT  sary)  of existence, no more than 90 days of which it is organized. (If the cert	old, duly authentificate is in a force.	agent and agree to act of the performance of my activity to manage is/are:  or Capacity:  ticated by the official having language, a translativity or ida Statutes. I am aware	Name and Address:  ving custody of records in on of the certificate under	the oath

Typed or printed name of signee

D. J. MILLER

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## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SENSIBLE AUTO SERVICING, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF AUGUST, A.D. 2018.



Authentication: 203280269

Date: 08-21-18