MACCOOL

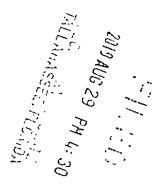
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

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08/29/19--01018--001 **130.00





COVER LETTER

Registration Section

TO:

Division of Corporations	
SUBJECT: LOMA HOMES LLC	
Name of Limited Liability Compar	ıy
The enclosed "Application by Foreign Limited Liability Company for Authorization to Existence, and check are submitted to register the above referenced foreign limited liab	
Please return all correspondence concerning this matter to the following:	
Brunder, Barton	
Bryndle Bayton Name of Person	
Loma Homes LLC	2019 AUG 29
Firm/Company	5 5
	\$5.70
- 344 N 800 E	6 29 PH 4
Address	PH 4: 30
Pleasant Grove, VT 8	4062 Fig. 10
City/State and Zip Code	
E-mail address: (to be used for future annual report	0m
E-mail addiess: (to be used for future annual report	notification)
For further information concerning this matter, please call:	
	33-1265
Name of Contact Person Area Code I	Daytime Telephone Number
	EET ADDRESS:
	on of Corporations tration Section
P.O. Box 6327 Clifton	n Building
·	Executive Center Circle nassee, FL 32301
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE	
\$125.00 Filing Fee \$\times\$ \$\times\$ \$\times\$ \$\times\$ \$\times\$ \$\times\$ \$\times\$ Certificate of Status \$\times\$ Certified Cop	

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLL COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	LOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
I noma Homes LLC	
(Name of Foreign Limited Liability Company; must include "Limited Li	iability 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. Utah	3. 83-269309 (PEI mamber, if applicable)
(Jurisdiction under the law of which foreign limited liability company is organized)	
, NA	stration.) stration.) scraptly liability)
(Date first transacted business in Florida, if prior to regis (See sections 605.0904 & 605.0905, F.S. to determine p	stration.) versity liability)
YOU AL CAN C	5 6 4 6 E
(Street Address of Principal Office)	6. (Mailing Address)
Place and C 10 1111 Minto	(C)
Yleasant Grove, UT 84062	
. Name and street address of Florida registered agent: (P.O. Box N	OT acceptable)
Name: AIN KIDNEY	
	
Office Address: 8289 CHAMPIONS GATE	<u>Bra0</u>
DAVENPORT	72501
VAVENTO:City)	, Florida <u>SSSC16</u> (Zip code)
Registered agent's acceptance:	
Having been named as registered agent and to accept serfice of pro designated in this application, I hereby accept the appointment as re	cess for the above stated limited liability company at the place
o comply with the provisions of all statutes relative to the proper an	egistered agent and agree to act in this capacity. I further agree ad complete performance of my duties, and I am familiar with
and accept the obligations of my position as registered agent.	
begistered agent's sign	ature)

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: Name and Address: Title or Capacity: Name and Address: Name: Bryndel Birton Manager Manager ∭Member Member Address: ______ Pleasant Grove, UT Sido2 Authorized Authorized Person Person Other Other Other___ Manager Manager Manager Member ☐ Member Grove, UT 84062 Authorized Authorized Person Person Other____ Other Other____ Other____ Name: Jefferson Brown Manager Member ☐ Member Authorized Authorized Person Person Other_____ Other Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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.



Utah Department of Commerce

Division of Corporations & Commercial Code

160 East 300 South, 2nd Floor, PO Box 146705 Salt Lake City, UT 84114-6705 Service Center: (801) 530-4849 Toll Free: (877) 526-3994 Utah Residents

Fax: (801) 530-6438

Web Site: http://www.commerce.utah.gov

08/21/2019 11057096-016008212019-1524159

CERTIFICATE OF EXISTENCE

Registration Number:

Business Name:

Registered Date:

Entity Type: Status:

11057096-0160

LOMA HOMES LLC

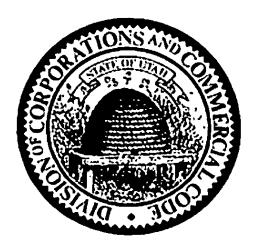
December 03, 2018

LLC - Domestic

Current

2019 AUG 29 PH 4: 30

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (unless Delinquent); and, that Articles of Dissolution have not been filed.



Jan Stup

Jason Sterzer
Director
Division of Corporations and Commercial Code