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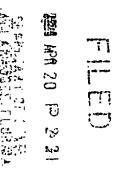
(Re	questor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to	Filing Officer:			

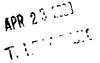
Office Use Only



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04/20/20--01029--005 **125.00





COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: SENSIBLE	PROPERTY	GRO	UP, LL(
	Name of Limi	ted Liability C	Company		_
The enclosed "Application by Foreign Existence, and check are submitted to	Limited Liability Company register the above referenced	for Authoriza I foreign limit	tion to Transact ed liability comp	Business in Florida pany to transact bus	," Certificate of iness in Florida.
Please return all correspondence conce	erning this matter to the follo	wing:			
Linda Ma	rotto				
	Name	of Person			_
SENSIBL	E PROPER	ΓY GR	OUP, L	.LC	
	Firm/C	Company			_
9674 Lee	ward Ave				
	Ad	dress			_
Largo, FL	33773				
	-	ind Zip Code			_
lil2dool@g	gmail.com				
Ê-r	nail address: (to be used for	future annual	report notification	on)	-
For further information concerning this	matter, please call:				
Linda Marotto) at	727	244-57	782	
Name of Con		Area Code	Daytime T	elephone Number	-
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			STREET ADD Division of Cor Registration Sec Clifton Building 2661 Executive Tallahassee, FL	porations ction 3 Center Circle	
Enclosed is a check for the fol		Nation (NE out view	•		
Please make check payable to \$125.00 Filing Fee			Filing Fee &	S160.00 Filing of Status & Ce	Fee. Certificate rtified Copy

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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	ame adopted for the purpose of transacting business in Florid	a The alternate name must include "Limited Liability C	ompany," "L.L.C," or "LLC,")		
Nevada (Jurisdiction under the law of w	of which foreign limited liability company is organized) 3. (FEI number, if applicable)				
·	(Date first transacted burness in Florida if constitution	WINDOW)	_		
9674 Leev	(Date first transacted business in Florida, if prior to reg (See sections 605 0904 & 605 0905, F.S. to determine	penalty liability) 6. 9674 Leeward	Ave		
9674 Leeward Ave (Street Address of Principal Office) Largo, FL 33773		Largo, FL 33773			
Name and street addres	ss of Florida registered agent: (P.O. Box)	NOT acceptable)	APR 20		
Name:	Registered Agents	Inc.	77.		
Office Address:	7901 4th St N STE	Ed. 19			
	St. Petersburg	Florida 33702	_		
Registered agent's accep Having been named as re designated in this applica to comply with the provisi	St. Petersburg	. Florida 33702 (Zip code) ocess for the above stated limited liabite registered agent and agree to act in the	is capacity. I further		

(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:** Name and Address: Title or Capacity: Name and Address: Name: Linda Marotto Name: Ricardo Marotto Manager ✓ Manager Address: 9674 Leeward Ave Address: 9674 Leeward Ave Member ☐ Member Largo, FL 33773 Largo, FL 33773 Authorized Authorized Person Person Other Other____ Other_ Other Name: _____ Manager Manager Name: Member Address: ____ Address: ______ Member Authorized Authorized Person Person Other_ Other____ Other Other Manager Name: _____ Member Address: Member Address: _____ Authorized Authorized Person Person Other____ 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. Linda Marotto

Typed or printed name of signee

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **SENSIBLE PROPERTY GROUP**, **LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 03/30/2020, and is in good standing in this state.

Certificate Number: B20200413724031 You may verify this certificate online at http://www.nvsos.gov IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 04/13/2020.

BARBARA K. CEGAVSKE Secretary of State