M2200004421

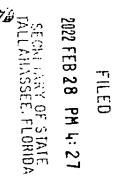
(Re	equestor's Name)					
(Address)						
(Ad	dress)	,				
(Cit	ty/State/Zip/Phon	ne #)				
PICK-UP	☐ WAIT	MAIL				
(Bu	siness Entity Na	me)				
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



300382357573

02/28/22--01041-+033 **160.00



T. LEMIEUX MAR 2 4 2022

COVER LETTER

TO:	Registration Section Division of Corporations	;			
SUBJEC	_{ct:} Sensibly Ho	me Loans LLC			
		Name of Lim	ited Liability C	ompany .	
					Business in Florida," Certificate of pany to transact business in Florida.
Please re	eturn all correspondence ec	oncerning this matter to the following	owing:		
	Ivan Ara	agon			
		Name	of Person		
	Sensibl	y Home Loans	LLC		
		Firm/0	Company		
	2390 E	Camelback Re	d Ste 1	30	
		A	ddress		-
	Phoenix	k, AZ 85016			
		City/State	and Zip Code		
	licensing	g@sensiblyhl.d	com		
		E-mail address: (to be used for	future annual:	report notificati	on)
For furth	ner information concerning	this matter, please call:			
	Ivan Aragon	at	,866	, 222-469	90
	Name of	Contact Person	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 Se Clifton Building 2661 Executive Tallahassee, FI	porations ction g Center Circle
	Enclosed is a check for the Please make check payabl	c following amount: e to: FLORIDA DEPARTME			
	\$125.00 Filling Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Certific	Filing Fee & d Copy	\$160.00 Filing Fee, Certificate of Status & Certified 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 COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Sensibly Home							
(Name of Foreign)	limited Liability Company; must include	"Limited Liabili	ty Company,"	L.I.,C.," or "LLC;")			
If name unavailable, enter alternate na	me adopted for the purpose of transacting busing	ess in Florida, The	alternate name mu	st include "Lumited Liability	Company," "L.I. C," or "LLC."		
Arizona		,					
(Jurisdiction under the law of wh	ich foreign limited liability company is organized	<u>d)</u> 3		(FEI number, it	applicable)		
,	(Date first transacted business in Florida, i (See sections 605 0904 & 605 0905, F.S. t	f prior to registratio o determine penalty	ar) y liabday)		_		
2390 E Camelback Rd Suite 130		6.	2390 E Camelback Rd Suite 130				
(Street Address of P	rincipal Office)	6.		(Mailing Address)			
Phoenix, A	Z 85016		Phoe	nix, AZ 8	5016		
	18 18 14 - 14						
	· · · · · · · · · · · · · · · · · · ·						
. Name and street addres.	s of Florida registered agent: (P.C	D. Box <u>NOT</u>	_acceptable)		VD:		
					2022 SEC.		
Name:	Registered Age	ents Ir	ıc.		FEB AHAD		
TAIL.	7901 4th St N	STE 1	 300		FILEI 28 F SSEE, SSEE,		
Office Address:	7301411311				PA ED		
	St. Petersburg		Flo	33702	ED PM 4: 2: FLORID		
	(Cny)		, , 1 10	(Zip code)	27		

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.

Bell (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:} Ivan Aragon Manager Manager Name: Address: 2390 E Camelback Rd Member Member Address: Suite 130 Authorized ☐ Authorized Phoenix, AZ 85016 Person Person Other____ Other____ Other_____ Other Name: _____ Manager Manager ■Manager Name: Address: Member Address: _____ Member | Authorized Authorized Person Person Other_ ____ Other _____ Other____ Other ■ Manager Manager Manager Name: ______ 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. Signature of an authorized person Ivan Aragon

Typed or printed name of signee





STATE OF ARIZONA



Office of the CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

Sensibly Home Loans LLC

ACC file number: 23274104

was incorporated under the laws of the State of Arizona on 09/20/2021, and that, according to the records of the Arizona Corporation Commission, said limited liability company is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.



IN WITNESS WHEREOF, I have hereunto set my hand, affixed the official seaf of the Arizona. Corporation Commission, and issued this Certificate on this date: 02/24/2022

Matthew Neubert, Executive Director



