

M23000012082

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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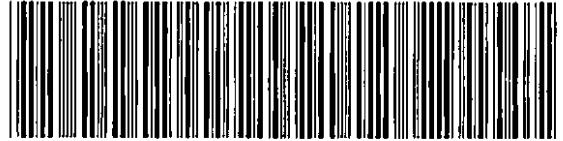
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Fulcrum Home Loans LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Tina P. Hartman

Name of Person

Fulcrum Home Loans LLC

Firm/Company

32 N. Fisher Park Way

Address

Eagle, Idaho 83616

City/State and Zip Code

tina@fulcrumhomeloans.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tina P. Hartman at (208) 639-4000

Name of Contact Person Area Code Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee      ☐ \$130.00 Filing Fee & Certificate of Status      ☐ \$155.00 Filing Fee & Certified 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:

1. Fulcrum Home Loans LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability 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. Idaho  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. (FEI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 32 N. Fisher Park Way  
(Street Address of Principal Office)

6. 32 N. Fisher Park Way  
(Mailing Address)

Eagle, ID 83616

Eagle, ID 83616

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Registered Agents Inc

Office Address: 7901 4th St N, STE 300

St. Petersburg, Florida 33702  
(City) (Zip code)

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TALLAHASSEE, FL

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.

David Roberts  
(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]:

| <u>Title or Capacity:</u>                  | <u>Name and Address:</u>               | <u>Title or Capacity:</u>                  | <u>Name and Address:</u>               |
|--|--|--|--|
| <input type="checkbox"/> Manager           | Name: <u>Brett Stimpson</u>            | <input type="checkbox"/> Manager           | Name: <u>Braiden Shaw</u>              |
| <input checked="" type="checkbox"/> Member | Address: <u>32 N. Fisher Park Way</u>  | <input checked="" type="checkbox"/> Member | Address: <u>32 N. Fisher Park Way</u>  |
| <input type="checkbox"/> Authorized        | <u>Eagle, ID 83616</u>                 | <input type="checkbox"/> Authorized        | <u>Eagle, ID 83616</u>                 |
| Person                                     | <u></u>                                | Person                                     | <u></u>                                |
| <input type="checkbox"/> Other <u></u>     | <input type="checkbox"/> Other <u></u> | <input type="checkbox"/> Other <u></u>     | <input type="checkbox"/> Other <u></u> |
| <br><input type="checkbox"/> Manager       | Name: <u></u>                          | <br><input type="checkbox"/> Manager       | Name: <u></u>                          |
| <input type="checkbox"/> Member            | Address: <u></u>                       | <input type="checkbox"/> Member            | Address: <u></u>                       |
| <input type="checkbox"/> Authorized        | <u></u>                                | <input type="checkbox"/> Authorized        | <u></u>                                |
| Person                                     | <u></u>                                | Person                                     | <u></u>                                |
| <input type="checkbox"/> Other <u></u>     | <input type="checkbox"/> Other <u></u> | <input type="checkbox"/> Other <u></u>     | <input type="checkbox"/> Other <u></u> |
| <br><input type="checkbox"/> Manager       | Name: <u></u>                          | <br><input type="checkbox"/> Manager       | Name: <u></u>                          |
| <input type="checkbox"/> Member            | Address: <u></u>                       | <input type="checkbox"/> Member            | Address: <u></u>                       |
| <input type="checkbox"/> Authorized        | <u></u>                                | <input type="checkbox"/> Authorized        | <u></u>                                |
| Person                                     | <u></u>                                | Person                                     | <u></u>                                |
| <input type="checkbox"/> Other <u></u>     | <input type="checkbox"/> Other <u></u> | <input type="checkbox"/> Other <u></u>     | <input type="checkbox"/> Other <u></u> |

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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

Brett Stimpson  
\_\_\_\_\_  
Typed or printed name of signer



# STATE OF IDAHO

*Phil McGrane* | Secretary of State

**Business Office**

450 North 4th Street

PO Box 83720

Boise, ID 83720

August 22, 2023

**Request Type: Certificate of Existence/Filing**

Request #: 0005369148

Receipt #: 000867853

Issuance Date: 08/22/2023

Copies Requested: 0

**Regarding: Fulcrum Home Loans LLC**

Filing Type: Limited Liability Company (D)

Formation/Qualification Date: 11/01/2019

Status: Active-Existing

Duration Term: Perpetual

File #: 3660051

Formation Locale: IDAHO

Inactive Date:

## Certificate of Existence

I, Phil McGrane, Secretary of State of the State of Idaho, do hereby certify that effective as of the issuance date noted above

### Fulcrum Home Loans LLC

is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above.

A handwritten signature of Phil McGrane, enclosed in an oval.

Phil McGrane

Idaho Secretary of State

Processed By: Business Division

Verification #: 025029828