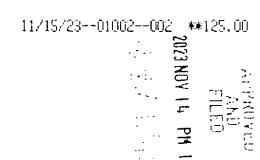
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INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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XX	РНОТОСОРУ	
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1.	OWNER BUILDER LO (CORPORATE NAME AND DOCUMENT)	
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SPECIA INSTRU	L ICTIONS:	

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 TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Arizona	name adopted for the purpose of transacting business in Flori	ida. The alternate name must include "Limited Liabil	lity Company," "L. I. C," or	"LLC.")
		92-3882796 3		
(Jurisdiction under the law of which foreign limited liability company is organized)		3. (FET number.	if applicable)	.
	(Date first transacted business in Flurida, if prior to reg (See sections 605,0904 & 605,0905, F.S. to determine	gistration) e penalty liability)		
14301 N 87th St., Ste		14301 N 87th St., Ste 106		
treet Address of Principal Office)		6. (Mailing Address)		_
Scottsdale, AZ 85260		Scottsdale, AZ 85260		
. Name and street addres	ss of Florida registered agent: (P.O. Box) Registered Agent Solutions, Inc.	<u>NOT</u> acceptable)	23 NOV 1 4	
Name:				
Name: Office Address:	2894 Remington Green Ln., Ste. A		PM 1: 3	E S
	2894 Remington Green Ln., Ste. A Tallahassee	32308		Ġ
		. Florida		je je

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: Fred Arnold □Manager □ Manager Name: Address: _____ 14301 N 87th St., Ste 106 ■Member □Member Address: ______ Scottsdale, AZ 85260 □ Authorized ☐ Authorized Person Person □Other □Other_____ □Other_____ □Other____ □Manager □Manager Name: _____ ☐Member Address: □ Member Address: □ Authorized ☐ Authorized Person Person □Other Other____ □Other □Other_ □Manager Name: _____ □Manager Name: □Member Address: ☐Member Address: ____ □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. /s/ Fred Amold Signature of an authorized person Fred Amold, Member 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:

OWNER BUILDER LOANS AZ LLC

ACC file number: 23515910

was incorporated under the laws of the State of Arizona on 04/13/2023, 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 seal of the Arizona. Corporation Commission, and issued this Certificate on this date: 11/14/2023

Douglas Clark, Executive Director

Angle K. Clark