Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000316225 3)))



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future Sannual report mailings. Enter only one email address please. └Email Address:_

> **Foreign Limited Liability Company** Housingbia, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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:

_{I.} Housingbia, Ll					
(Name of Foreign	Limited Liability Company; must include "Limited	d Liability	Company," "L.L.C.," or "LLC.")		
(It name unavailable, enter alternate i	name adopted for the purpose of transacting business in Fl	lorida. The al	ternate name must include "Limited Liability Co	impany." "L.L.C." o	 r"LLC.")
_{2.} UT		3.	99-4735926		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		(Ff3) number, if appli	cable)	_
4					
• • •	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determi	registration inc penalty is	ability)		
, 222 E 137	5 N	6	222 E 1 375 N		
(Street Address of Principal Office)		~· -	(Mailing Address)		
Layton, UT 84041		l	ayton, UT 84041		
			,	2024	
7. Name and <u>street addres</u>	s of Florida registered agent (P.O. Box	<u>NOT</u> ac	eceptable)	SIP - 7	
Name:	Registered Agents Inc			//i 10: 53	$\ddot{\Box}$
Office Address:	7901 4th St N STE 300			53	
	St. Petersburg (City)		, Florida 33702		

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.

Dald Rooms		
	(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: ☐Manager ☑Member ☐Authorized Person ☐Other	Name and Address: Name: Irizarry, David J Address: 222 E 1375 N Layton UT 84041 □Other	Title or Capacity: ☐Manager ☑Member ☐Authorized Person ☐Other	Name and Address: Dixon, Matthew L Address: 4424 W 950 N Ogden, UT 84404
□Manager □Member □Authorized Person □Other	Name:	☐Manager ☐Member ☐Authorized Person ☐Other	Name:
□Manager □Member □Authorized □Person □Other	Name:	☐Manager ☐Member ☐Authorized Person ☐Other	Name:Address:

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.

	Patien pary
	Signature of an authorized person
Robin Jones	
	Typed or printed name of signer

9/17/2024 08:39:18 PDT • , To: 18506176383 Page: 4/4 Fax: 813436520



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

09/16/2024 14162205-016009162024-514251

CERTIFICATE OF EXISTENCE

Registration Number: Business Name:

Registered Date: Entity Type:

Status:

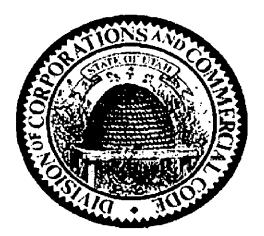
14162205-0160

HOUSINGBIA, LLC September 02, 2024

LLC - Domestic

Current

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.



Adam Watson

Director

Division of Corporations and Commercial Code

Han Watson