

F190000000716

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

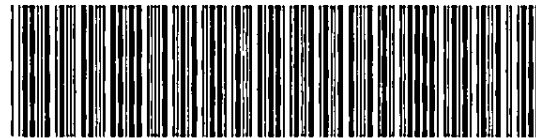
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Rec. 2/6/2019

W19000009593

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01/22/19 - 01/24/19

FILED
TALLAHASSEE, FL

2019 FEB -6 PM 12:12

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 30, 2019

HONEST PHARM CO INC
JONATHAN CALLAHAN
8615 COMMODITY CIRCLE STE 15
ORLANDO, FL 32819 US

SUBJECT: HONEST PHARM CO INC
Ref. Number: W19000009593

We have received your document for HONEST PHARM CO INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sterling R Abney
Regulatory Specialist II

Letter Number: 619A00002158

COVER LETTER

TO: Registration Section
Division of Corporations
HONEST PHARM CO INC

SUBJECT: _____
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:
JONATHAN CALLAHAN

Name of Person
HONEST PHARM CO

Firm/Company
8615 COMMODITY CIRCLE STE 15

Address
ORLANDO, FL 32819

City/State and Zip code
LEOR@HONESTPHARMCO.COM

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

For further information concerning this matter, please call:

LEO ROMERO 786 6576004

Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

HONEST PHARM CO INC

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

_____ (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
COLORADO 30-1145031

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
11/07/2018

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
19220 PINION PARK RD, PEYTON, CO 80831

7. _____
(Principal office address)

(Current mailing address, if different)

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

KRISTINA NURK

Name: _____

903 Magnolia Ave.

Office Address: _____

Holly Hill

32117

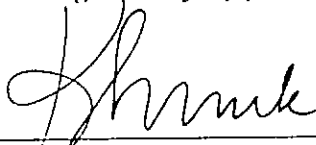
(City)

, Florida

(Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.



(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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TALLAHASSEE, FL

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

KRISTINA NURK

Chairman: 903 MAGNOLIA AVE. HOLLY HILL, FL 32117

Address:

JONATHAN CALLAHAN

Vice Chairman: 19220 PINON PARK RD. PEYTON, CO 80831

Address:

LEOPOLDO ROMERO

Director: 8615 COMMODITY CIRCLE, ORLANDO, FL 32819

Address:

Director:

Address:

B. OFFICERS

KRISTINA NURK

President: 903 MAGNOLIA AVE. HOLLY HILL, FL 32117

Address:

JONATHAN CALLAHAN

Vice President: 19220 PINON PARK RD. PEYTON, CO 80831

Address:

JONATHAN CALLAHAN

Secretary: 19220 PINON PARK RD. PEYTON, CO 80831

Address:

KRISTINA NURK

Treasurer: 903 MAGNOLIA AVE. HOLLY HILL, FL 32117

Address:

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. _____

KRISTINA NURK

PRESIDENT

(Typed or printed name and capacity of person signing application)

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2019 FEB -6 PM 12:12
TALLAHASSEE, FL

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

HONEST PHARM CO INC

is a

Corporation

formed or registered on 11/07/2018 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20181880675 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 02/05/2019 that have been posted, and by documents delivered to this office electronically through 02/06/2019 @ 10:44:58 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 02/06/2019 @ 10:44:58 in accordance with applicable law. This certificate is assigned Confirmation Number 11375092 .



Secretary of State of the State of Colorado

*****End of Certificate*****

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us> and click "Businesses, trademarks, trade names" and select "Frequently Asked Questions"