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(Requestor's Name)								
(Address)								
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PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								





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### **COVER LETTER**

TO:	Registration Section Division of Corporations					
SUBJ	ECT: Honey Software, LLC					
., ., .,		corporation - n	nust include suffix			
Dear S	Sir or Madam:					
"Certi	nclosed "Application by Foreign Corporation of Existence," or "Certificate of referenced foreign corporation to tran	Good Standin	g`` and check are subn			
Please	return all correspondence concerning	this matter to	the following:			
Matthe	ew D. Powell, P.A.					
		Name of Per	son	_		
Matthe	ew Powell					
		Firm/Compar	ny			
Honey	Software, LLC.					
		Address				
304 S	Plant Ave					
	(	City/State and I	Zip code			
Tampa	FL 33606					
	E-mail address: (1	to be used for t	future annual report no	otification)		
For fu	rther information concerning this matt	er, please call:				
Matthe	hew Powell 813 2222222 at ( )					
	Name of Person		Daytime Teleph	one Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			MAILING AE Registration Se Division of Co P.O. Box 6327 Tallahassee, FL	ction rporations		
Please	sed is a check for the following amour make check payable to: <b>FLORIDA DEP</b> , 0.00 Filing Fee	ARTMENT OF	F STATE 78.75 Filing Fee & Tertified Copy	S87.50 Filing Fee, Certificate of Status &		

#### 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.

Honey Softward	e. LLC					
(Enter name of c	orporation: must include "INCORPORATED orp." "Inc." "Co." or "Corp.")	)," "СОМ	PANY,"	"CORPORATION	٧,٣	
(If name unavail	able in Florida, enter alternate corporate name	e adopted	for the pu	rpose of transactin	g business	s in Florida
Delaware	3	3. 82-4073684				
	y under the law of which it is incorporated)		(FEI number, if applicable)			
December 18, 2	023	perpetu	al			
	of incorporation)		(Date of duration, if other than perpetual)			
March 18, 2024						
16192 Coastal hi	(Date first transacted business (SEE SECTIONS 607.1501 & 607.) ghway Lewes Delaware 19958		•	-	ty)	
	7.	2024 11/2				
	·	8				
. Name and stree	et address of Florida registered agent; (P.	O. Box <u>1</u>	NOT acc	eptable)	:	2
Name:	Matthew D. Powell, P.A.				:	PH 12: 11
Office Address:	304 S Plant Ave					<del>-</del> -
	Тапъра	. F	lorida	33606		
	(City)		_	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.

#### · A. DIRECTORS Matt Powell Name: □ Chairman Name: \_\_\_ □ Chairman 304 S PLant Ave □ Vice Chairman Address: □ Vice Chairman Address: Tampa, FL 33606 □ Director □ Director President □ President □Vice President □ Vice President □Treasurer □ Secretary □ Secretary ☐ Treasurer □Other \_\_\_\_\_ Other \_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ Name: □ Chairman □ Chairman Name: \_\_\_\_\_ □ Vice Chairman Address: \_\_\_\_\_ □Vice Chairman Address: Director □ Director □ President □President □Vice President □Vice President □ Secretary ☐ Treasurer □ Secretary ☐Treasurer □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ □ Chairman □Chairman Name: \_\_\_\_\_ □Vice Chairman Address: \_\_\_\_\_ □Vice Chairman Address: □ Director ☐ Director □ President □President □ Vice President \_\_\_ □Vice President □ Secretary ☐ Treasurer ☐ Secretary □ Treasurer □Other \_\_\_\_\_ □Other \_\_\_\_\_\_ 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 ipdex when filing your Florida Department of State Annual Report form. 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.

Matt Powell

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## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "HONEY SOFTWARE, LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE FOURTH DAY OF MARCH, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HONEY SOFTWARE, LLC" WAS FORMED ON THE EIGHTEENTH DAY OF DECEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

TAYS OF CO.

Authentication: 202938243

Date: 03-04-24

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