

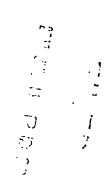
(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
(Bosamen Namber)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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June 27, 2018

ROBERT TRAMPE 816 CONGRESS AVE STE 1620 AUSTIN, TX 78701

SUBJECT: HONEST HEALTH PLANS, LLC

Ref. Number: W18000059535

We have received your document for HONEST HEALTH PLANS, LLC and your check(s) totaling \$130.00. 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  $\omega$  your filing will be considered abandoned.

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

Dionne M Scott Regulatory Specialist II

Letter Number: 418A00013364

## COVER LETTER

'TO: Registration Section

Division of Corporations					
SUBJECT: Hones +	tealth Pl	ans, LLC ne of Limited Liability (	Company		_
The enclosed "Application by Foreig Existence, and check are submitted to					
Please return all correspondence con	cerning this matter to	o the following:			
Rober	t Trans	Name of Person	<del></del>		_
Honest	Health Pla	Firm/Company		<del></del>	_
816 Co.	rgress Ave	Ste 162	0		_
Austin,	TX 7	1970\ ity/State and Zip Code			- 3
trampe (	ascension of	Lental, con	1 Feport notifi	cation)	·: - ,
For further information concerning the					-: -:
Eric Johnson Name of C	t Contact Person	at ( <u>51Z</u> Area Code	_) <u>&amp;47</u> Daytii	9296 ne Telephone Number	ر. لي: =
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Registration Clifton Bui	Corporations 1 Section Iding ttive Center Circle	
<del>-</del>	amount: 1\$130.00 Filing Fee Certificate of Status	& □ \$155.00 Filir Certified Copy		□ \$160.00 Filing Fee, O	

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPILANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLE COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:  (Name of Foreign Limited Liability Company; must include "Limited I		
Texas     Unranded the law of which foreign limited flability company is organized;	a. The alternate name must include "Limited Li 3. 47-4353175 (FEI mar	tability Company," "LLC," or "LLC")  mber, it applicable)
4. (Date first transacted business in Florida, if prior to reg (See sections NOS 0901 & NOS 1905, F.S. to determine)  5. 816 Congress Ave Ste 11.78	peralty liability)  6 8/6 Coacce	
Austra, TX 78701	Ashin, TX	78701
7. Name and street address of Florida registered agent: (P.O. Box Name: Carporate See	OT_acceptable)	
Office Address: 5/5 East Park Acens Tallahassee	Florida 3230	- <u>:</u> 51
(City) Registered agent's acceptance: Having been numed as registered agent and to accept service of prodevignated in this application, I hereby accept the appointment as resourced with the provisions of all statutes relative to the proper and accept the obligations of my position as registered agent.  [Lucy (Registered agent's signal accept the obligation of the proper and accept the obligations of my position as registered agent.]	egistered agent and agree to act id complete performance of my	t in this capacity. I further agree
8. The name, title or capacity and address of the person(s) who has have and Address:  Name and Address:  Name and Address:  Stell Coarces he Stell Aut a X 7870	ave authority to manage is/are: Title or Capacity:	Same and Address:
(Use attachments if necessary)		
Attached is a certificate of existence, no more than 90 days old, duly urisdiction under the law of which it is organized. (If the certificate is if the translator must be submitted)	v authenticated by the official ha in a foreign language, a translati	iving custody of records in the ion of the certificate under oath
0. This document is executed in accordance with section 605,0203 (1) about the document to the Department of State constitutes a third of the Department of State constitutes at the Department of State constitutes	) (b), Florida Statutes, I am awar legree felony as provided for in s	e that any false information s.817.155, F.S.
Signature of an		

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



## Office of the Secretary of State

## Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Honest Health Plans, LLC (file number 802240520), a Domestic Limited Liability Company (LLC), was filed in this office on June 23, 2015.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on July 09, 2018.



Phone: (512) 463-5555

Prepared by: SOS-WEB

Rolando B. Pablos Secretary of State

Fax: (512) 463-5709 Dial: 7-1-1 for Relay Services Document: 823682270003 TID: 10264