

4/20/2020

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (514)280-3338
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**Foreign Limited Liability Company
The HON Company LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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TALLAHASSEE, FLORIDA

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APR 21 2020

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

IN COMPLIANCE WITH SECTION 805.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. The HON Company LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLC")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC")

2. Iowa 3. 42-1491474
(Jurisdiction under the law of which foreign limited liability company is organized) (TIN number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
 (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. <u>The HON Company LLC</u>	6. <u>HNI Corporation</u>
<small>(Street Address of Principal Office)</small>	<small>(Mailing Address)</small>
<u>200 Oak Street</u>	<u>600 E. 2nd Street</u>
<u>Muscatoine, Iowa 52761</u>	<u>Muscatoine, Iowa 52761</u>

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

Name:	<u>CT Corporation System</u>
Office Address:	<u>1200 South Pine Island Road</u>
	<u>Plantation</u> <u>33324</u>
	<u>Florida</u> <u>33324</u>
	<small>(City) (Zip code)</small>

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.

Tracy Kellner Tracy Kellner Asst. Secretary
(Registered agent's signature)

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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):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Brandon Bullock</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Steven M. Bradford</u>
<input type="checkbox"/> Member	Address: <u>HNI Corporation</u>	<input type="checkbox"/> Member	Address: <u>HNI Corporation</u>
<input type="checkbox"/> Authorized	<u>600 E. 2nd Street</u>	<input type="checkbox"/> Authorized	<u>600 E. 2nd Street</u>
Person	<u>Muscataine, Iowa 52761</u>	Person	<u>Muscataine, Iowa 52761</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Jack D. Herring</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Candace L. Terrill</u>
<input type="checkbox"/> Member	Address: <u>HNI Corporation</u>	<input type="checkbox"/> Member	Address: <u>HNI Corporation</u>
<input type="checkbox"/> Authorized	<u>600 E. 2nd Street</u>	<input type="checkbox"/> Authorized	<u>600 E. 2nd Street</u>
Person	<u>Muscataine, Iowa 52761</u>	Person	<u>Muscataine, Iowa 52761</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Jeffrey D. Lorenger</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Marshall H. Bridges</u>
<input type="checkbox"/> Member	Address: <u>HNI Corporation</u>	<input type="checkbox"/> Member	Address: <u>HNI Corporation</u>
<input type="checkbox"/> Authorized	<u>600 E. 2nd Street</u>	<input type="checkbox"/> Authorized	<u>600 E. 2nd Street</u>
Person	<u>Muscataine, Iowa 52761</u>	Person	<u>Muscataine, Iowa 52761</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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 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.



Signature of an authorized person

Steven M. Bradford, Manager

Typed or printed name of signer

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To print the certificate use the Print link above, or use the web browser's Print command (see the File menu).
Print margins of no larger than 1 inch are recommended.

**IOWA SECRETARY OF STATE
PAUL D. PATE**



CERTIFICATE OF EXISTENCE


Issue Date: 4/1/2020

Name: THE HON COMPANY LLC (489DLC - 230031)
Date of Incorporation: 7/2/1999
Duration: 1/2/2063

I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the limited liability company named on this certificate:

- a. The entity is in existence and duly incorporated under the laws of Iowa.
- b. All fees, taxes and penalties required under the Revised Uniform Limited Liability Company Act and other laws due the Secretary of State have been paid.
- c. The most recent biennial report required has been filed with the Secretary of State.
- d. The Secretary of State has not administratively dissolved the limited liability company.
- e. The Secretary of State has not filed either a statement of dissolution or statement of termination.

Certificate ID: CS188908
To validate certificates visit:
sos.iowa.gov/ValidateCertificate


Paul D. Pate, Iowa Secretary of State