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COVER LETTER

TO:	Registration Section Division of Corporation	ns			
SUBJE	Honest Instruments	LLC			
		Name of Lin	nited Liability	Company	-
The en Exister	closed "Application by Fornce, and check are submitted	reign Limited Liability Companed to register the above reference	y for Authoriz ed foreign lim	ation to Transact Business in Florida ited liability company to transact bus	," Certificate of iness in Florida.
Please	return all correspondence	concerning this matter to the fol	lowing:		
	Anthony Brent	nan			
		Name	of Person		_
	BH Registered	Agents, LLC			
Firm/Company					_
1105 N. Market Street, 11th Floor					
Address					_
Wilmington, DE 19801					
		City/State	and Zip Code	-	-
	abrennan@berge	rharris.com			
		E-mail address: (to be used fo	r future annua	report notification)	. 29
For fur	ther information concerning	g this matter, please call:			75 1
	Anthony Brennan		302 t (476-8425	2020 11 24 11
	Name o	f Contact Person	Area Code	Daytime Telephone Number	-
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	, i 9: 0 l;
	Enclosed is a check for the Please make check payab	ne following amount: tle to: FLORIDA DEPARTME	ENT OF STA	ТЕ	
	S125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status		Filing Fee & S160.00 Filing ed Copy Status & Ce.	Fee, Certificate rtified Copy

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

IN COMPILANCE 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:

ame unavailable, enter alternate	name adopted for the purpose of transacting business in Florida. The	alternate name must include "Linuted Liability Comp	uny," "L.L.C." or "LLC.
Delaware			
(Junsdiction under the law of w	iction under the law of which foreign limited fiability company is organized) 3. (FEI number, if ag		
	(Date test imposeted becomes in Florida if prove to registrate	nn 1	
	(Date first Immoacted business in Florida, if prior to registrate (See sections 605 0904 & 605 0905, F.S. to determine penalt	y hability)	
1105 N. Market Street			
(Street Address of	Principal Office) 6	(Mailing Address)	
Wilmington, DE 1980	1		
			20
			. i 0.2
· · · · · · · · · · · · · · · · · · ·			-
Same and street addre	ss of Florida registered agent: (P.O. Box NOT	acceptable)	2020 / 1 24 5/1
			7.0
	United Corporate Services		
Name:			9:04
0.55	9200 South Dadeland Blvd., Suite 508		<u> </u>
Office Address:			
	Miami	33156	
	(Ciry)	, Florida(Zsp.code)	

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: Name and Address: Title or Capacity: Name and Address: Name: Earl Squire Manager Manager Manager Name: 1105 N. Market Street ☐Member Member Address: 11th Floor Authorized Authorized Wilmington, DE 19801 Person Person Other Other_ Other_ Other Name: Name: Manager Manager ☐Member Member Address: ____ Address; ____ Authorized Authorized Person Person Other____ Other__ Other___ Other Name: _____ Manager Manager Name: Member Address: Member Authorized Authorized Person Person Other Other____ Other_ Other_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only: Nonindexed 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

Typed or printed name of signee

Earl Squire



Page 1

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

DELAWARE, DO HEREBY CERTIFY "HONEST INSTRUMENTS 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 TWENTY-FIRST DAY OF AUGUST, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HONEST INSTRUMENTS LLC" WAS FORMED ON THE TWENTIETH DAY OF AUGUST, A.D. 2020.

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

2070 FT 24 HJ STUS



Authentication: 203515572

Date: 08-21-20





August 25, 2020

SUNSHINE STATE CORPORATE COMPLIANCE COMPANY

SUBJECT: HONEST INSTRUMENTS LLC

Ref. Number: W20000094687

CORRECTED
Please Allow For
Same File Date

Letter Number: 020A00016246

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

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

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.

Sharon D Franklin Regulatory Specialist II

1 H. 92 SAN 1882