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RECRETARY OF -

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 907567 7840661

AUTHORIZATION: THE RECEIVED

COST LIMIT : \$ 125.00

ORDER DATE : July 15, 2021

ORDER TIME : 8:48 AM

ORDER NO. : 907567-005

CUSTOMER NO: 7840661

FOREIGN FILINGS

NAME: DOER HONOR, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

EXAMINER:

COVER LETTER

•

TO:	Registration Section Division of Corporations	
SUBJE	Doer Honor, LLC	
		Name of Limited Liability Company
The encl Existenc	losed "Application by Foreign Limite, and check are submitted to regist	ted Liability Company for Authorization to Transact Business in Florida," Certificate of ter the above referenced foreign limited liability company to transact business in Florida
Please re	eturn all correspondence concerning	this matter to the following:
	Diane Champa	
		Name of Person
	UC Funds	
		Firm/Company
	745 Boylston St. Suite !	502
		Address
	Boston, MA 02116	
		City/State and Zip Code
	dchampa@ucfunds.com	
	E-mail ac	ddress: (to be used for future annual report notification)
For furth	er information concerning this matt	er, please call:
	Diane Champa	857 288-2805
	Name of Contact F	Person Area Code Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Street Address: Registration Section Division of Corporations
		The Centre of Tallahassee
ĺ	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
I	☐ \$125.00 Filing Fee ☐ \$130.0	ng amount: DRIDA DEPARTMENT OF STATE 00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy

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

IN COMPLIANCE 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:

f name unavailable, enter alternate	name adopted for the purpose of transacting business in Flori	da. The alternate	name must include "Limited Liz	bility Company	," "L.L.C," or	LLC
DE		2				
(Jurisdiction under the law of which foreign limited liability company is organized)			(FEI number, if applicable)			
7/15/2021						
	(Date first transacted business in Florida, if prior to reg (See sections 605.0904 & 605.0905, F.S. to determine	ristration.) penalty liability)				
745 Boylston St. Sui	te 502					
treet Address of Principal Office)		6	failing Address)			_
Boston, MA 02116						
					_	_
				**	70;	-
Name and street addres	s of Florida registered agent: (P.O. Box 1	NOT accepta	ble)	- -	?! !!	
					1	
Name:	Corporation Service Company				6	· : }
rane.					`	
Office Address:	1201 Hays Street			10-	نې	
	Tailahassee		22204	₹ +	<u>ω</u>	
			32301 , Florida			
	(City)		(Zip code)			

Corporation Service Company

By: Weiked, assistant va president

(Registered agent's signature)

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: Alena Zmushko ■ Manager Manager Name: _____ Address: 745 Boylston St. Suite 502 □Member □Member Address: _____ Boston, MA 02116 □ Authorized ☐ Authorized Person Person Other____ □ Other Other Other____ Diane Champa □Manager ☐Manager Name: Address: 745 Boylston St. Suite 502 □ Member ☐ Member Address: ____ Boston, MA 02116 **■**Authorized ☐ Authorized Person Person ☐ Other_____ Other____ □ Other □Other_ □Manager Name: _____ □Manager □Member Address: _____ □Member Address: ____ ☐ 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

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "DOER HONOR, 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 FIFTEENTH DAY OF JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DOER HONOR, LLC"

WAS FORMED ON THE TWENTY-SECOND DAY OF FEBRUARY, A.D. 2021.

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

AND CONTRACTOR OF THE PARTY OF

Authentication: 203685487

Date: 07-15-21