

M21000017347

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : NELSON MULLINS RILEY & SCARBOROUGH LLP OF BOCA RATON
Account Number : 076376001555
Phone : (803)255-9617
Fax Number : (561)483-7321

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

Email Address: jimm@nsigroup.org

Foreign Limited Liability Company HoneyQuote, LLC

Certificate of Status	0
Certified Copy	1
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W21-160571

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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:

1. HONEYQUOTE, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," 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," "L.L.C.," or "LLC.")

2. DELAWARE
(Jurisdiction under the law of which foreign limited liability company is organized)

3. APPLIED FOR
(FEF 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. 5875 NW 163RD STREET, SUITE 207
(Street Address of Principal Office)

6. 5875 NW 163RD STREET, SUITE 207
(Mailing Address)

MIAMI LAKES, FL 33014

MIAMI LAKES, FL 33014

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

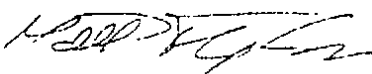
Name: BCRA, LLC

Office Address: 1905 NW CORPORATE BOULEVARD, STE 310

BOCA RATON, Florida 33431
(City) (Zip code)

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.


(Registered agent signature)

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STATE
- FL

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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:	OSCAR SEIKALY	<input checked="" type="checkbox"/> Manager	Name:	James McCue
<input type="checkbox"/> Member	Address:	5875 NW 163rd Street	<input type="checkbox"/> Member	Address:	5875 NW 163rd Street
<input type="checkbox"/> Authorized		Suite 207	<input type="checkbox"/> Authorized		Suite 207
Person		Miami Lakes, FL 33014	Person		Miami Lakes, FL 33014
<input type="checkbox"/> Other		<input type="checkbox"/> Other	<input type="checkbox"/> Other		<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name:		<input type="checkbox"/> Manager	Name:	
<input type="checkbox"/> Member	Address:		<input type="checkbox"/> Member	Address:	
<input type="checkbox"/> Authorized			<input type="checkbox"/> Authorized		
Person			Person		
<input type="checkbox"/> Other		<input type="checkbox"/> Other	<input type="checkbox"/> Other		<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name:		<input type="checkbox"/> Manager	Name:	
<input type="checkbox"/> Member	Address:		<input type="checkbox"/> Member	Address:	
<input type="checkbox"/> Authorized			<input type="checkbox"/> Authorized		
Person			Person		
<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

James McCue

 Typed or printed name of signer

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Delaware

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HONEYQUOTE, 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 SIXTEENTH DAY OF DECEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HONEYQUOTE, LLC" WAS FORMED ON THE THIRTIETH DAY OF NOVEMBER, A.D. 2021.

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



6428574 8300

SR# 20214121766

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 205002845

Date: 12-16-21

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Fax Audit Number: _____

CONSENT TO USE OF NAME

The undersigned confirms the following:

1. HONEYQUOTE, LLC, a Delaware limited liability company (the "New Company"), is filing its Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida with the Florida Division of Corporations herewith;
2. HONEYQUOTE, LLC, a Florida corporation (Doc. # L21000480193) (the "Dissolved Company"), hereby states that it grants its consent and permission to the New Company to use the name "HONEYQUOTE, LLC";
3. The New Company and the Dissolved Company are affiliates; and
4. The undersigned is an Authorized Representative of the Dissolved Company.

Dated: December 21, 2021.

EXISTING COMPANY:

HONEYQUOTE, LLC.
a Florida corporation
(Doc. # L21000480193)

By: _____

James McCue, Authorized Representative

Fax Audit Number: _____