

P22 00000000 95

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600378373036

ALLAHASSEE, FL

2022 JAN -3 PM 12: 47

RECEIVED

SECRETARY OF STATE
TALLAHASSEE, FL

2022 JAN -3 PM 3: 26

FILED

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 1-3-2021

****WALK IN****

ENTITY NAME DEVELOPMENT PATH, INC.

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXX
Plain Copy
Certified Copy
Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certified Copy of Arts & Amendments Complete File (Including Annual Reports)

Certificate of Status

Certificate of Status Reflecting: _____

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$ 78.75

ACCOUNT # 120140000108
United Corporate
Services, Inc.

Keith Heppard

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: DEVELOPMENT PATH, INC.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: DOLORES BURTON

Name (Printed or typed)

100 State Street, Suite 800

Address

ALBANY NY 12207

City, State & Zip

Daytime Telephone number

zags1413@gmail.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: DEVELOPMENT PATH, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
9816 Giaveno Circle, Unit 1323, Naples, Fla. 34113

Mailing address, if different is:
9816 Giaveno Circle, Unit 1323, Naples, Fla. 34113

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

To engage in any lawful act or activity permitted by law.

2002 JAN -3 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Stephen H. Zagoren Name and Title: Gail Carone

Address: 9816 Giaveno Circle, Unit 1323, Naples, Fla. 34113 Address: 9816 Giaveno Circle, Unit 1323, Naples, Fla. 34113

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: Stephen H. Zagoren
Address: 9816 Giaveno Circle, Unit 1323
Naples, Fla. 34113

2022 JAN -3 PM 3: 26
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Stephen H. Zagoren
Address: 9816 Giaveno Circle, Unit 1323,
Naples, Fla. 34113

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

/s/ Stephen H. Zagoren 1-3-22
Required Signature/Registered Agent Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

/s/ Stephen H. Zagoren 1-3-22
Required Signature/Incorporator Date