F09000001310

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

ON MAD 21 DM 1: 00

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COVER LETTER

TO: New Filing Section Division of Corporations				
SUBJECT: A Wisher Po	si Ar			
	ion - must include suffix)			
Dear Sir or Madam:	•			
The enclosed "Application by Foreign Corporation for "Certificate of Existence," and check are submitted to transact business in Florida.	or Authorization to Transact Business in Florida," o register the above referenced foreign corporation			
Please return all correspondence concerning this matt	er to the following:			
RALICA	9-55:			
(Name	of Person)			
0 11.1 2011 12				
(Firm/C	ompany)			
2 ~ 2 ~ ~ ~)			
- 500 710e	dress)			
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10donis 1/2 343,15				
(City/State and Zip code)				
For further information concerning this worlden when				
For further information concerning this matter, please	caii:			
D. T. D. C.				
(Name of Person) (Area Code & Daytime Telephone Number)				
(Alea code & Baytine Pelephone Number)				
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
New Filing Section	New Filing Section			
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327				
2661 Executive Center Circle Tallahassee, FL 32314				
Tallahassee, FL 32301				
Enclosed is a check for the following amount:	,			
\$70.00 Filing Fee \$\square\$ Certificate of Status	□ \$78.75 Filing Fee & □\$87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy			



March 24, 2009

ROBIN R. ROSE 505 PINE ROAD NOKOMIS, FL 34275

SUBJECT: A HIGHER PATH INC. Ref. Number: W09000013575

We have received your document for A HIGHER PATH INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

Please return the corrected original and one copy of 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) 245-6973.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 609A00009742



IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTE REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.	D TO	
REGISTER A POREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF PEORIDA.	09 ∺	ISIAI0 35
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	20 ω	FIL PRETAR PN OF O
A Wicher Fath in.	PH	ED Y OF ST ORPOR
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in	Florida)	ATTE ATTE
2. <u>Cobrado</u> 3. <u>2000/2462776 = t</u>	<u>5, 7</u>	νς: =
(State or country under the law of which it is incorporated) (FEI number, if applicable)		
4. 12/18/2000 5. Yeraphal		
(Date of incorporation) (Duration: Year corp. will cease to exist or "per	petual"))
6. Acr. 1 3009		
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)		
- 33 m 9 7 - 1 5 - 1000 :	Z (~	Res
7. (Principal office address)	00	30 /2
LALO OD ODIL EL DUNDE		
(Current mailing address)		
(Garrent manning address)		
8. Training to attend to the state or country to be carried out in state of Florida	, 307.	mg
9. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)		
Name: Mbight Nose		
Office Address: 505 Pine Rd.		
Onle Maries.		
Mokanis, Florida 312		•
(City) (Zip code)		
10. Registered agent's acceptance:		
Having been named as registered agent and to accept service of process for the above stated corporation		-
designated in this application, I hereby accept the appointment as registered agent and agree to act in further agree to comply with the provisions of all statutes relative to the proper and complete performa		
duties, and I am familiar with and accept the obligations of my position as registered agent.		··

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

(Registered agent's signature)

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman:		
Address:	9 #	NSE SE
	AR (28 28 28 28 28 28 28 28 28 28 28 28 28 2
		AAP CRYE
Vice Chairman:	-	2000
Address:		SA AT
	9	<u> </u>
Director:		
Address:		
		"
Director:		
Address:		
B. OFFICERS		
President: 1000		
Address: 505 Pine Rd.		
Dalanis FL 34375		
Vice President: Raph Adam Chapus (Adam)		
Address: 812 South Steet #7		
Legwest Florion 33040		
Secretary:		
Address:		
Treasurer:		
Address:		
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or direc	tors.	
13		
(Signature of Director or Officer listed in number 12 of the application)		
14. Robin A. Rosa		<u> </u>
(Typed or printed name and capacity of person signing application)		-

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE

I, Ginette Dennis, as the Secretary of State of the State of Colorado, hereby certify that according to the records of this office,

A HIGHER PATH, INC.

is a Corporation

formed or registered on 12/18/2000 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20001246276 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 09/11/2006 that have been posted, and by documents delivered to this office electronically through 09/14/2006 @ 10:08:50.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 09/14/2006 @ 10:08:50 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 6585045.



Sinette Dennis

Secretary of State of the State of Colorado

******End of Certificate*************

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site. http://www.sos.state.co.us/biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click Business Center and select "Frequently Asked Questions."