

F19000003669

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

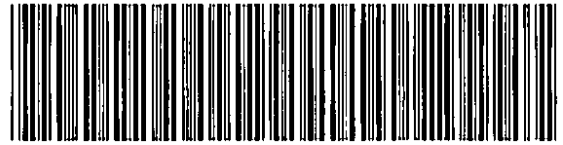
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/29/19--0105--005 **70:00
TALLAHASSEE, FLORIDA
2019 AUG 29 PM 4:42

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AUG 9 2019

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Clear Path Solutions Inc.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

<u>Russell Stalters</u>	_____	TALLAHASSEE, FLORIDA 2/19 AUG 29 PM 4:42
	Name of Person	
_____	Firm/Company	
<u>777 N Ocean Dr Unit N310</u>	_____	
	Address	
<u>Hollywood, FL 33019</u>	_____	
	City/State and Zip code	
<u>RUSS.Stalters@clarifiedMARKETING.COM</u>		
E-mail address: (to be used for future annual report notification)		

For further information concerning this matter, please call:

<u>Russell Stalters</u>	at (<u>281</u>)	<u>796-1450</u>
Name of Person	Area Code	Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Clear Path Solutions Inc. +
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Texas + 3. N/A +
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. September 28, 2015 + 5. Perpetual +
(Date of incorporation) (Date of duration, if other than perpetual)

6. N/A +
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 777 N Ocean Dr Unit N310, Hollywood, FL 33019 +
(Principal office address)

(Current mailing address, if different)

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

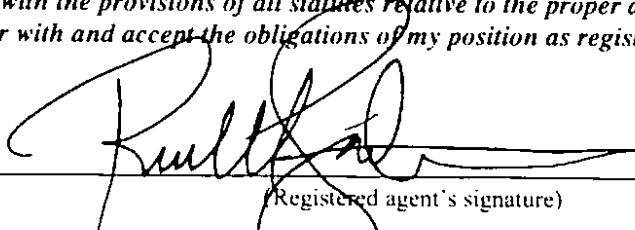
Name: Russell Stalters +

Office Address: 777 N Ocean Dr Unit N310 +

Hollywood + . Florida 33019 +
(City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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's signature)

10. 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.

TALLAHASSEE, FLORIDA
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11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Russell Stalters _____

Address: 777 N Ocean Dr Unit N310 _____

Hollywood, FL 33019 _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

Russell Stalters, Chief Executive Officer

13. _____

(Typed or printed name and capacity of person signing application)

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ALLIANCE FLORIDA



Office of the Secretary of State

Certificate of Fact

The undersigned, as Deputy Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for CLEAR PATH SOLUTIONS INC. (file number 802304232), a Domestic For-Profit Corporation, was filed in this office on September 28, 2015.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on July 22, 2019.

2019 AUG 29 PM 1:03:10 DA
TALLAHASSEE



A handwritten signature of Jose A. Esparza, consisting of stylized initials and a long horizontal line.

Jose A. Esparza
Deputy Secretary of State

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Jose A. Esparza
Deputy Secretary of State

Office of the Secretary of State
Packing Slip

July 23, 2019
Page 1 of 1

Attn: Russell Stalters
Russell Stalters
602 Pink Azalea Trl
Houston, TX 77079

Batch Number: 90213487

Batch Date: 07-22-2019

Client ID: 716704520

Return Method: Email

Document Number	Document Detail	Number / Name	Page Count	Fee
902134870002	Status		1	\$15.00
902134870003	Convenience Fee			\$0.41
			Total Fees:	\$15.41

Payment Type	Payment Status	Payment Reference	Amount
Credit Card	Accepted	*****009	\$15.41
			Total: \$15.41

Total Amount Charged to Client Account: \$0.00
(Applies to documents or orders where Client Account is the payment method)

Note to Customers Paying by Client Account: This is not a bill. Payments to your client account should be based on the monthly statement and not this packing slip. Amounts credited to your client account may be refunded upon request. Refunds (if applicable) will be processed within 10 business days.

User ID: WEBISOLATED