## F21100003733

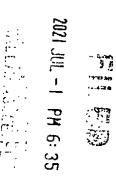
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:  emailed to add Althus  Name Per Diane  7/1/21
W21100087960

Office Use Only



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05/27/21--01011--002 \*\*70.00



## **COVER LETTER**

•	ion of Corporations				
SUBJECT:	ThePath, Inc.				
	Name o	of corporation	- must include suffix		
Dear Sir or M	adam:				
"Certificate of		of Good Stand	Authorization to Transact Business ding" and check are submitted to ress in Florida.		
Please return	all correspondence concernit	ng this matter	to the following:		
Dina Kaplan					
		Name of I	Person	•	
ThePath, Inc.					
_		Firm/Com	pany		
1117 Osborne	Court			·	2021
		Addre	SS	:-	الال  202
West Melbourn	ne, FL 32904			•• ,	<u> </u>
		City/State ar	nd Zip code	<i></i>	;
dina@thepath.				8.	PH 6:
	E-mail address:	to be used for	or future annual report notification	)	ယ
For further in	formation concerning this ma	atter, please ca	all:	•	CT.
Dina Kaplan		917	699-6961		
Name	e of Person	at ( <u>917</u> Area Code	Daytime Telephone Numl	ber	-
Regis Divisi The C 2415	EET/COURIER ADDRESS tration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 nassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	check for the following amo eck payable to: FLORIDA DE ng Fce	PARTMENT g Fee & 🗆	\$78.75 Filing Fee & ☐ \$87. Certified Copy Cert		of Status &

## 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.

ThePath, Inc.					
(Enter name of co	orporation; must include "INCORPORATED," orp.," "Inc." "Co," or "Corp.")	"COMPANY," "CORPORATIO	N,"		
IIIC., CO., C	orp, nic. co, or corp. )				
The	Path Meditation I				
(If name unavaila	able in Florida, enter alternate corporate name ad	dopted for the purpose of transactir	ig business in Florida)		
2. Delaware	3.	47-2549105			
(State or countr	y under the law of which it is incorporated)	(FEI number, if ap	pplicable)		
4. Nov 18 2014	5.				
(Date	of incorporation)	(Date of duration, if other than perpetual)			
6. Jan 1, 2020					
··	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150		ity)		
7 1117 Osborne Co	our West Melbarne FL 7. (Principal office	2904			
,	(Principal office	e street address)	<del>.</del>		
	(Current mailing	address, if different)			
	_		707		
8. Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	三河		
	Dina Kaplan	•	Bernell Reserved 1		
Name:					
Office Address:	1117 Osborne Court				
	West Melbourne	, Florida 32904	PM 6: 35		
	(City)	(Zip code)	िं ज		
9. Registered ago	ent's acceptance: ied as registered agent and to accept servic	a of process for the above state	d cornoration at the place		
	application, I hereby accept the appointme				
further agree to c	omply with the provisions of all statutes re-	lative to the proper and comple			
and I am familiar	with and accept the obligations of my pos	ition as registered agent.			
	$\mathcal{A}$				
_			<del></del>		
	(Registered agent's sig	nature)			
10. Attached is a	certificate of existence duly authenticated, r	not more than 90 days prior to d	elivery of this application t		

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

## A. DIRECTORS Dina Kaplan □ Chairman Chairman Name: 1117 Osborne court AddreW Mclburne, FL 32904 □ Vice Chairman □Vice Chairman Address: Director □ Director □President □President □Vice President □Vice President □Treasurer □Treasurer □ Secretary □ Secretary □Other \_\_\_\_\_ □Other Other □Chairman Name: □Chairman Name: □Vice Chairman □Vice Chairman Address: \_\_\_\_\_\_ Address: □Director □Director □President □President □Vice President ☐ Vice President ☐ Treasurer □Secretary □Treasurer □Secretary □Other \_\_\_\_\_ ☐Other \_\_\_\_\_ □Other □ Chairman Name: \_\_\_\_\_ □ Chairman Name: \_ ☐Vice Chairman □Vice Chairman Address: Address: □Director □Director □President □President □Vice President \_\_ ☐Vice President □ Secretary ☐ Treasurer ☐ Secretary Treasurer []Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ 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. Signature of Director or Officer The officer or director signing this document (and who is tisted 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.

Dina Kaplan, President

<u>Delaware</u>

The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "THEPATH, INC." IS DULY INCORPORATED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE SEVENTEENTH DAY OF MAY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THEPATH, INC."

WAS INCORPORATED ON THE EIGHTEENTH DAY OF NOVEMBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

2021 JUL -1 PM 6: 35



Jeffrey W. Budlock, Secretary of State

Authentication: 203224588