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(	City/State	/Zip/Phone	#)
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SECRETARY OF STATE

## TRANSMITTAL LETTER

	ation Section on of Corporations				
SUBJECT:	PATHWAY WEATH MAN. (Name of Limited Liability	ASEMENT, LLC Company)			
The enclosed Ar	rticles of Organization and fee(s) are submitted for	or filing.			
Please return all	correspondence concerning this matter to the fol	lowing:			
	MATTHEW A. RAPE (Name of Per	son)			
PATHWAY WEALTH MANAGEMENT, LLC (Firm/Company)					
6151 Laice Coprey Drive Thies Floor (Address)					
	SARASOTA, FL (City/State and Z	34240 ip Code)			
For further infor	rmation concerning this matter, please call:				
MATTHEW	(Name of Person) at (94)	1 373-1305 rea Code & Daytime Telephone Number)			
Enclosed is a c	check for the following amount:				
☐ \$125.00 Filis	Certificate of Status Certifie	5.00 Filing Fee & S160.00 Filing Fee. d Copy classificate of Statis & Certificate of Statis & Certified Copy (additional cupris enclosed)			
	STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:				
PATHWAY WEALTH MANAGEMEN	T, LLC			
ARTICLE II - Address:				
The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
6151 LAKE OSPREY DRIVE	SAME			
THRE FLOOR SALASOTA, FL 34240				
SAFASOTA, FL 34240				
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:			
The name and the Florida street address of the registered agent are:				
MATHEW A. CAP	90			
Name				
9580 HIGH GATE	Dr. # 1816			
	ess (P.O. Box <u>NOT</u> acceptable)			
SALASOTA	FL 34238			
SACASOTA FL 34238 City, State, and Zip				
liability company at the place designated in thi registered agent and agree to act in this capacity. statutes relating to the proper and complete perf	compt service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I appamiliar with and ered agent as provided for in Thapter 508, F.S.			

(CONTINUED)

ARTICLE IV- Manager(s) or Managing The name and address of each Manager of	• ' '
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	MATTHEW A. PAPP 1580 HIGH GATE Dr. SAIASOTA, FL 34238
MGRM	Brian M. FITCH 10083 Park Meadows Dr. # 305 LONE TREE, CO. 80124
<del></del> ,	
(Use attachment if necessary)  NOTE: An additional article must be a	added if an effective date is requested.
REQUIRED SIGNATURE:	
Signature of a member or	an authorized representative of a member.
	608.408(3), Florida Statutes, the execution s an affirmation under the penalties of perjury a are true.)
	or printed name of signee ARE JUNEAU
Filing Fees:	SSERY 5
\$125.00 Filing Fee for Articles of Organiza of Registered Agent	tion and Designation
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	STAI STAI LORE

## **ARTICLE V- Effective Date**

The effective date for Pathway Wealth Management, LLC shall be July 1, 2005

Signature of a member or an authorized representative of a member