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# **COVER LETTER**

•	vision of Corporations	
SUBJECT:	2ndPathway, LLC	
SUBJECT:		imited Liability Company
701 I		1 24 16 62
	d Articles of Organization and fee(s)	•
Please return	all correspondence concerning this	matter to the following:
_	Richard A. Best	
_		Name of Person
	2ndPathway, LLC	
_		Firm/Company
	9326 Fox Trot Lane	
_		Address
	Boca Raton Florida	33496
_		City/State and Zip Code
_	richard.best@2ndpath	way.com
	E-mail address: (to be use	ed for future annual report notification)
For further inf	ormation concerning this matter, plea	ase call:
	Richard A. Best	561 ) 213-9124
_	ar (_	Area Code Daytime Telephone Number
Enclosed is a	a check for the following amount:	
<b>]\$125.</b> 00 Fili	ng Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed)  S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street Address
	New Filing Section Division of Corporations	New Filing Section Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

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### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Δ	RT	CI	F	l - 1	N,	ame:

The name of the Limited Liability Company is:

2ndPathway, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

### **ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

## **Principal Office Address:**

Mailing Address:

 9326 Fox Trot Lane
 9326 Fox Trot Lane

 Boca Raton FL 33496
 Boca Raton, FL 33496

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Richard A. Best

Name

9326 Fox Trot Lane

Florida street address (P.O. Box NOT acceptable)

 Boca
 Raton
 FL
 33496

 City
 State
 Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

TALLANA SEEE FLURIS

<u>litle:</u>	Name and Address:
AMBR" = Authorized Memi	er
MGR" = Manager AMBR	Richard A. Best
	9326 Fox Trot Lane
	Boca Raton, FL 33496
	·
V: Effective date, if other the tate is listed, the date is filling.)	•
ctive date is listed, the date in filing.)  The date inserted in this block	an the date of filing: October 01, 2015 (OPTIONAL) nust be specific and cannot be more than five business days prior to or 90 does not meet the applicable statutory filing requirements, this date will no epartment of State's records.
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