

L20000338029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

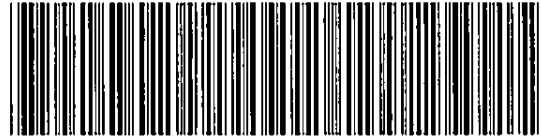
(Document Number)

Certified Copies _____

Certificates of Status _____

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100438829341

FILED

2024 OCT 30 PM 1:14

TALLAHASSEE, FLORIDA

NOTED

2024 OCT 30

AM 10:25

TALLAHASSEE, FLORIDA

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 10/29/2024

****WALK IN****

ENTITY NAME PATH OF THE WIND HOLDING LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$??? 238.75

ACCOUNT #: I20160000072

S. R. M.

Please call Tina at the above number for any issues or concerns. Thank you so much!

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2024 OCT 30 PM 1:14

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # L20000338029

1. Limited Liability Company's Name

PATH OF THE WIND HOLDING LLC *FKA Pandora
Asset Holding LLC*

2. Principal Office Address - No P.O. Box #

240 NW 76th Dr Ste D

Suite, Apt. #, etc.

3. Mailing Office Address

240 NW 76th Dr Ste D

Suite, Apt. #, etc.

City & State

Gainesville, FL

City & State

Gainesville, FL

Zip

32607

Country

USA

Zip

32607

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

11/03/2020

6. FEI Number

33-1332492

Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a certificate of status

8. Name and Address of Current Registered Agent

Name

Jose I Moreno PA

Street Address (P.O. Box Number is Not Acceptable) Suite,

240 NW 76th Dr Ste D

Apt. #, Etc.

City

Gainesville

State

FL

Zip Code

32607

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

/s/ Jose I Moreno

Jose I Moreno, President for Jose I Moreno PA

Date 10/29/2024

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
AMBR	Jose I Moreno	240 NW 76th Dr Ste D	Gainesville, FL 2607

11. E-mail Address jimorenolaw@gmail.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am 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.

Signature of authorized representative/member

Date

10/29/24

Daytime Phone #

561-694-8107

Typed or printed name of signing authorized representative/member

Saraj Djidji, Attorney in Fact