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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : FL PATEL LAW PLLC Account Number : I20170000097

Phone : (727)279-5037

Fax Number : (727)888-1294

Enter the email address for this business entity to be used for fut annual report mailings. Enter only one email address please.

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FLORIDA LIMITED LIABILITY CO. Growth Paths Advisory, LLC

Certificate of Status	1
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Page Count	03
Estimated Charge	\$130.00



COVER LETTER

Thursday, January 13, 2022

To: New Filing Section
Division of Corporation

Subject: GROWTH PATHS ADVISORY, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and Fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:

FL Patel Law PLLC

360 Central Avenue 8th Floor St. Petersburg, Florida 33701 Fax: 727-888-1294

For further information concerning this matter, please call or e-mail: Jamie Primeau 727-279-5037 or e-mail at Support(a):flpatellaw.com

Enclosed is our fax filing coversheet for \$130.00 for Filing Fee & Certificate of State

FL Patel Law PLLC

2022 JAN 13 PM 5: 06

ARTICLES OF ORGANIZATION

FOR

GROWTH PATHS ADVISORY, LLC

A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I. Name

The name of the Limited Liability Company is: Growth Paths Advisory, LLC (the "Company").

ARTICLE II.

The principal office and mailing address of the Company is:

360 Central Avenue Suite 854 St Petersburg, FL 33701

ARTICLE III. Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida Street Address of the Registered Agent are:

FLP RA Services LLC 360 Central Avenue Suite 800 Saint Petersburg, FL 33701

Having been named as registered agent and to accept service of process for the above stated limited liability ompany at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to all in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete perfainance 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.

FLP RA Services LLC (sign)

ARTICLE IV. Authorized Members and Managers

The Name and Address of each person authorized to manage and control the Limited Liability Company:

<u>Title</u>	Name and Address
AMBR = Authorized Member MGR = Manager	
MGR	Mohamed Saleh 360 Central Avenue Suite 854 St Petersburg, FL 33701

ARTICLE V.

The Effective date shall be the date of filing.

Kalpesh Patel (sign)

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

Authorized Representative/Member

Kalpesh Patel

Authorized Representative/Member

Authorized Representative/Member

Authorized Representative/Member