# M15000009624

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
□ PICK-UP □ WAIT □ MAIL  W15 - 74-229
1.116-711779
WIS 19221
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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DEC -2 2015 N. CAUSSEAUX

#### COVER LETTER

TO: Registra	ation Section n of Corporation					
OF ITS AND CHES		ESTMENTS, LLC				
SUBJECT:		Name of I	imited Liability C	Company		-
		eign Limited Liability Comp d to register the above refere				
Please return all o	correspondence c	concerning this matter to the	following:			
	ANKIT BHAK	TA				
		Na	ame of Person	<del></del>		-
						e, Certificate
		Fi	rm/Company	310		_
	15949 ELMWO	OOD WAY				
			Address			Number
	APPLE VALLI	EY MN 55124				
		City/St	ate and Zip Code			-
ä	abhakta4@gmail	.com				e Number
_		E-mail address: (to be used	for future annual	report noti	fication)	-
For further inform	nation concerning	g this matter, please call:				
ANKIT	ВНАКТА		515 _at (	269-980	)5	
	Name o	f Contact Person	Area Code	Day	time Telephone Number	-
Division Registra P.O. Box	NG ADDRESS: of Corporations tion Section x 6327 see, FL 32314			Division of Registration Clifton Bu 2661 Exec	ADDRESS: of Corporations on Section silding cutive Center Circle ee, FL 32301	
Enclosed is a chec ■ \$125.	ck for the follow 00 Filing Fee	ing amount:  \$\Bigsize \text{\$\text{\$130.00 Filing Fee & Certificate of Status}}\$	\$155.00 Filin Certified Copy	g Fee &	□ \$160.00 Filing Fee, Co of Status & Certified Co	



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

November 10, 2015

ANKIT BHAKTA 15949 ELMWOOD WAY APPLE VALLEY, MN 55124

SUBJECT: GOLD PATH INVESTMENTS, LLC

Ref. Number: W15000074229

We have received your document for GOLD PATH INVESTMENTS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 515A00023828

Nanette Causseaux Regulatory Specialist II Supervisor

www.sunbiz.org

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLAINCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of For	TMENTS, LLC eign Limited Liability Company, must include	"Limited Liability Company," "L.L.C.," o	( "LLC.")
Liability Company," "L.L.C	dicreate name adopted for the purpose of trans," or "LLC.")	acting business in Florida. The alternate na	me must include "Li
2. NEVADA	3	(1 <sup>5</sup> Us number, if applicable	
company is organized)	of which foleign limited liability	(IEI number, if applicable	2)
4	(Duty first transported business in Fla	and the second s	_ <del>_</del>
	(Unite first transacted business in Flo (See sections 605.0904 & 605.0905, F.)	S. to determine penalty liability)	
5. 15949 ELMWOOD W	/AY		<u> </u>
APPLE VALLEY MN	155124		
	(Street Address of Principal		- 
6. <u>Same</u>			_ = 3
			NOV 30
	(Mailing Address)		- 355 0
7. Name and street addres	ss of Florida registered agent: (P.O. Box		SEE.
	BUSINESS FILINGS INCORPORATI	•	FLOST
Name:	1200 SOUTH PINE ISLAND ROAD		REFERENCE
Office Address:			T
	PLANTATION	, Florida 33324 (Zip code)	
	(City)	(Zip code)	
this application, I hereby with the provisions of all	registered agent and to accept service of providence of providence of the appointment as registered agent is tatutes relative to the proper and complete sition as registered agent.  [Registered agent]	nt and agree to act in this capacity. I fur te performance of my duties, and I am fa WSL. SCULTANUS	ther agree to compl
8. The name title or cans	acity and address of the person(s) who has	<b>4</b> •	
_	9 ELMWOOD WAY APPLE VALLEY	, ,	
	KTA - 15949 ELMWOOD WAY APPLE	<del></del>	
THE TOTAL CONTROL DIVI	TIN 13747 CEMWOOD WAT AITEE	VALLET 19114 33124	
jurisdiction under the law	of existence, no more than 90 days old, dof which it is organized. (If the certificate ubmitted)	is in a foreign language, a translation o	custody of records f the certificate und
jurisdiction under the law of the translator must be su	of which it is organized. (If the certificate ibmitted)  Signature of an auti	is in a foreign language, a translation o	f the certificate und
jurisdiction under the law of the translator must be su  This document is executed	of which it is organized. (If the certificate ibmitted)	is in a foreign language, a translation of a foreign language, a translation of societies of the societies o	f the certificate und  - y false information

Typed or printed name of signee

SECRETARY OF STATE





## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **GOLD PATH INVESTMENTS**, **LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since June 15, 2015, and is in good standing in this state.

SEAL OF THE OF

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on October 29, 2015.

BARBARA K. CEGAVSKE Secretary of State

Electronic Certificate
Certificate Number: C20151029-2674
You may verify this electronic certificate
online at http://www.nvsos.gov/