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(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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DEC 0 8 2016 S. YOUNG TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 16, 2016

PETER C SAYER 2411 S HESPERIDES STREET TAMPA, FL 33629

SUBJECT: NEXTPATH, LLC Ref. Number: W16000077589



We have received your document for NEXTPATH, 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):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Shelia H Young Regulatory Specialist II

Letter Number: 416A00024598

www.sunbiz.org

COVER LETTER

	ivision of Corporation	ns					
SUBJECT	NextPath, LLC Γ:						
Name of Limited Liability Company							
		reign Limited Liability Comp d to register the above refer					
Please retu	irn all correspondence o	concerning this matter to the	following:				
	Peter C. Saye	r					
	Name of Person						
	NextPath, LL0						
	Firm/Company						
	2411 S. Hesperides Street						
	Address						
	Tampa, FL 33629						35
	City/State and Zip Code						
	petersayer13@	gmail.com				PM L	
		E-mail address: (to be use	d for future annua	l report not	tification)	_ \ : 38	(B)
For further	information concernin	g this matter, please call:				œ	4, .1 F 1
P	eter C. Sayer		917 at (224-33	300		
_	Name (of Contact Person	Area Code	Day	time Telephone Number	-	
D R P	MAILING ADDRESS: Division of Corporations egistration Section O. Box 6327 Callahassee, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations ion Section suilding ecutive Center Circle see, FL 32301		
	s a check for the follow \$\frac{1}{3}\$ \$125.00 Filing Fee	ring amount: \$\Bigsireq \\$130.00 \text{ Filing Fee & Certificate of Status}\$	☐ \$155.00 Filid Certified Copy	ng Fee &	□ \$160.00 Filing Fee, Co of Status & Certified Co		e

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

IN COMPLIANCE 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:

NextPath, LLC			
(Name of Forei	gn Limited Liability Company; must incl	ude "Limited Liability Company," "L.L.C" or "LI	_C.")
(If name unavailable, enter alt	ernate name adopted for the purpose of tr	ansacting business in Florida. The alternate name n	nust include "Limited
Liability Company," "L.L.C." Delaware	or "LLC.")		
	of which foreign limited liability	(FEI number, if applicable)	
company is organized)	<i>e</i> ,	(
4	(Data Continue to I begin to the		
	(Date first transacted business in I (See sections 605.0904 & 605.0905,	riorida, it prior to registration.) , F.S. to determine penalty liability)	
5. 2411 S. Hesperides S	Street		
Tampa, FL 33629			
	(Street Address of Princip	pal Office)	
_{6.} 2411 S. Hesperides S		,	新 产给
			NON 14
Tampa, FL 33629	(8.5.11		2 55-
	(Mailing Addre		三 三 第二次
7. Name and street address	s of Florida registered agent: (P.O. Bo	ox NOT acceptable)	R Cale
Name:	REGISTERED AGENTS INC.		f. 95
Office Address:	3030 N. Rocky Point Drive	e, STE 150A	38
	TAMPA	, _{Florida} 33607	
D	(City)	(Zip code)	
Registered agent's accept Having been named as reg		f process for the above stated corporation at	the place designated in
this application, I hereby a	accept the appointment as registered	agent and agree to act in this capacity. I furt	ther agree to comply
the obligations of my posit	tatutes relative to the proper and con ion as registe red agen t.	nplete performance of my duties, and I am fa	miliar with and accept
3 , , ,	Bel Hame-	Bill Havre/Assistant Secretary/Reg	gistered Agents Inc
	(Registered a	gent's signature)	,
O The sum del	-	-	
Peter C. Sayer, Member	city and address of the person(s) who	has/have authority to manage is/are:	
2411 S. Hesperides Stre	eet		
Tampa, FL 33629			
12 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			
jurisdiction under the law of	of existence, no more than 90 days old of which it is organized. III the certific	d, duly authenticated by the official having cus cate is in a foreign language, a translation of th	tody of records in the e-
of the translator must be su	bmitted)	or the	o commence and or oam
	75/		
•	Signature of a	athorized person	
This document is executed	in accordance with section 605 0203	(1) (b). Florida Statutes. I am aware that any fa	dse information
submitted in a document to	the Department of State constitutes a	third degree felony as provided for in s.817.15	5, F.S.
	HETER SHYER		
•	Typed or printed	I name of signee	

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NEXTPATH, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF NOVEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NEXTPATH, LLC" WAS FORMED ON THE TWENTIETH DAY OF OCTOBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 203385160

Date: 11-22-16

6188525 8300 SR# 20166758825