

M190000001122

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

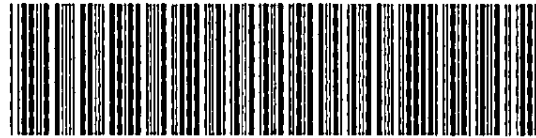
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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19 JAN 30 AM 9:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

M Sellers

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ExpertisePath, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Steven P. Earnshaw

\_\_\_\_\_  
Name of Person

ExpertisePath, LLC

\_\_\_\_\_  
Firm/Company

17530 Ospre Glen Drive

\_\_\_\_\_  
Address

Orlando, FL 32820

\_\_\_\_\_  
City/State and Zip Code

info@expertisepath.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steven P. Earnshaw

801

623-8060

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☒ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

**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:*

1. ExpertisePath, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")

2. Utah 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. December 3, 2018  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

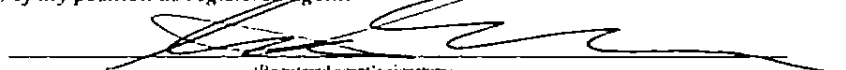
5. 17530 Ospre Glen Drive 6. 17530 Ospre Glen Drive  
(Street Address of Principal Office) (Mailing Address)  
Orlando, FL 32820 Orlando, FL 32820

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Steven P. Earnshaw  
Office Address: 17530 Ospre Glen Drive  
Orlando, Florida 32820  
(City) (Zip code)

**Registered agent's acceptance:**

*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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(Registered agent's signature)

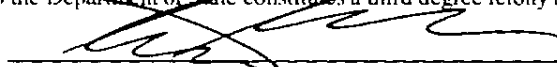
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>PARTNER</u>	<u>STEVE EARNSHAW</u> <u>17530 OSPRE GLEN DRIVE</u> <u>ORLANDO FL 32820</u>	_____	_____
<u>PARTNER</u>	<u>SUZANNE EARNSHAW</u> <u>1753 OSPRE GLEN DRIVE</u> <u>ORLANDO FL 32820</u>	_____	_____

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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.

  
Signature of an authorized person

Steven P. Earnshaw  
Typed or printed name of signee

## Utah State Tax Commission

TAXPAYER SERVICES DIVISION 210 N 1950 W SALT LAKE CITY UT 84134-9000

Website: [tax.utah.gov](http://tax.utah.gov)

61046 03/20/18

Letter Issue Date  
January 17, 2019

Letter ID  
L1692212768

Account Type  
Customer

Account Number  
14568235



EXPERTISEPATH LLC  
17530 OSPRE GLEN DR  
ORLANDO FL 32820-2262



**Business Name:** EXPERTISEPATH LLC  
**Federal Identification Number:** XX-XXX3948  
**Department of Commerce Number:** 106968490160

## Letter of Good Standing

The Utah State Tax Commission certifies:

EXPERTISEPATH LLC

has filed all required returns with the Utah State Tax Commission  
and has paid all taxes due as of January 17, 2019.

This certificate expires January, 28, 2019.

## What to Do

- Keep this certificate in your records.

**Please Note**

- All accounts can be audited at any time.

### Contact Information

If you have any questions, please call Tina Ruiz at 801-297-7228 or toll free 1-800-662-4335 ext. 7228 or send me a fax at 801-297-7699. You may also write to me at the address at the top of this notice.

Respectfully,  
Tina Ruiz  
Tax/Motor Vehicle Tech  
Taxpayer Services Division