# Macco 5a,15

| (Requestor's Name)                      |
|-----------------------------------------|
|                                         |
| (Address)                               |
|                                         |
| (Address)                               |
| (10000)                                 |
|                                         |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|                                         |
| (Business Entity Name)                  |
| (220,1000 2,111, 1,2110)                |
|                                         |
| (Document Number)                       |
|                                         |
| Certified Copies Certificates of Status |
|                                         |
| Special Instructions to Filing Officer: |
| openior metalectoric to 1 ming emiser.  |
|                                         |
|                                         |
|                                         |
|                                         |
|                                         |
|                                         |
| ~                                       |

Office Use Only



300346053343

06/12/20--01001--006 \*\*125.00



HO - HIL

#### · CORPORATE When you need ACCESS to the world ACCESS, \_\_\_\_ INC. 236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

#### WALK IN

|              |                                                  | WALK IIV              |
|--------------|--------------------------------------------------|-----------------------|
|              | PICK U                                           | JP: <u>06/11/2020</u> |
| <br>xx       | CERTIFIED COPY PHOTOCOPY                         |                       |
|              | CUS                                              |                       |
| хх           | FILING                                           | LLC                   |
|              | PATH 2 POTENTIAL LLC (CORPORATE NAME AND DOCUME) |                       |
|              | (CORPORATE NAME AND DOCUME)                      | NT #)                 |
|              | (CORPORATE NAME AND DOCUME)                      | NT #)                 |
|              | (CORPORATE NAME AND DOCUME)                      | NT #)                 |
|              | (CORPORATE NAME AND DOCUME)                      | NT #)                 |
|              | (CORPORATE NAME AND DOCUMEN                      | NT #)                 |
| ECIA<br>STRU | L<br>CTIONS:                                     |                       |
|              |                                                  |                       |

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

IN COMPILANCE 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:

| ew York                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                          | OL 1 ID LICES   THE STICES                                                    | e name must include "Limited I.                                                | лиониу с опарал                                                                                                | ry, "L.L.C. or LLC"                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| (Jurisdiction under the law of s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                          | 3.                                                                            |                                                                                |                                                                                                                |                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | hich foreign limited liability company is organized)                                                                                                                                                                                                                                                                                     |                                                                               | (FEI mu                                                                        | mber, if applicat                                                                                              | ole)                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                          |                                                                               |                                                                                |                                                                                                                |                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Date first transacted business in Florida, if pri                                                                                                                                                                                                                                                                                        | Or to remember \                                                              |                                                                                | <del></del>                                                                                                    |                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (See sections 603,0904 & 603,0903, F.S. to de                                                                                                                                                                                                                                                                                            | ctermine penalty habitit                                                      | yi                                                                             |                                                                                                                |                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 8213, Glendale, NY 11385                                                                                                                                                                                                                                                                                                                 | 6. <u>711</u>                                                                 | 19 80th St, SUITE 82                                                           | 13, Glenda                                                                                                     | le, NY 11385                                             |
| (Street Address of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | intricipal Office)                                                                                                                                                                                                                                                                                                                       |                                                                               | (Mailing Ac                                                                    | ddress)                                                                                                        |                                                          |
| <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                          |                                                                               |                                                                                | <del></del>                                                                                                    | <del></del>                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                          |                                                                               | <del></del>                                                                    |                                                                                                                |                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                          |                                                                               |                                                                                | 300                                                                                                            | 22                                                       |
| Name and street addre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ss of Florida registered agent: (P.O. I                                                                                                                                                                                                                                                                                                  | Box <u>NOT</u> accep                                                          | ntable)                                                                        | 1999<br>EN                                                                                                     | <b>2</b> 2                                               |
| Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Angelina Acevedo                                                                                                                                                                                                                                                                                                                         |                                                                               |                                                                                | 17 A. 17 | _ Se                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                          | <del>-</del>                                                                  | _                                                                              | Živ.                                                                                                           | 10% years                                                |
| Office Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1256 NW Sun Terrace Circle, I                                                                                                                                                                                                                                                                                                            | Unit D                                                                        | _                                                                              | 72. "                                                                                                          |                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                          |                                                                               |                                                                                | ٠.                                                                                                             |                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Port St Lucie                                                                                                                                                                                                                                                                                                                            |                                                                               | rt 34986                                                                       | •                                                                                                              | · > · · · · ·                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Port St Lucie                                                                                                                                                                                                                                                                                                                            | <u></u>                                                                       | , Florida 34986                                                                | ode) 42                                                                                                        |                                                          |
| ing been named as re<br>gnated in this applica<br>comply with the provis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (City)                                                                                                                                                                                                                                                                                                                                   | nt as registered :                                                            | (Zip co<br>he above stated limite<br>agent and agree to ac                     | ed liability of<br>in this car                                                                                 | pr<br>company at the p                                   |
| ignated in this application of the control of the c | ctance: registered agent and to accept service registered agent accept the appointment regions of all statutes relative to the pro                                                                                                                                                                                                       | nt as registered :                                                            | (Zip co<br>he above stated limite<br>agent and agree to ac                     | ed liability of<br>in this car                                                                                 | pr<br>company at the p                                   |
| ving been named as reignated in this application in the provise accept the obligation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | otance: egistered agent and to accept service ation, I hereby accept the appointment ions of all statutes relative to the pro s of my position as registered agent.  Acceptage (Registered age                                                                                                                                           | nt as registered oper and comple  Le d ()  ent's signature)                   | (Zipecon)  the above stated limite agent and agree to act to performance of my | ed liability c<br>in this cap<br>duties, and                                                                   | pr<br>company at the p                                   |
| wing been named as reignated in this application of the provise accept the obligation.  The name, title or cap                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | otance: egistered agent and to accept service ition, I hereby accept the appointment ions of all statutes relative to the pro is of my position as registered agent.  Acceptage in the person(s) who                                                                                                                                     | nt as registered of per and comple  Le d O  ent's signature)  has/have author | te above stated limite agent and agree to acte performance of my               | ed liability c<br>in this cap<br>duties, and                                                                   | company at the p<br>pacity. I further<br>d I am familiar |
| wing been named as reignated in this applicationally with the provise accept the obligation.  The name, title or cap  Title or Capacity:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | otance: registered agent and to accept service atton, I hereby accept the appointment ions of all statutes relative to the properties of my position as registered agent.  Accept the Accept the appointment ions of my position as registered agent.  (Repistered agent accity and address of the person(s) who Name and Address:       | nt as registered of per and comple  Le d O  ent's signature)  has/have author | (Zipecon)  the above stated limite agent and agree to act to performance of my | ed liability c<br>in this cap<br>duties, and                                                                   | pr<br>company at the p                                   |
| ving been named as reignated in this application omply with the provise accept the obligation.  The name, title or cap                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | otance: egistered agent and to accept service stion, I hereby accept the appointment ions of all statutes relative to the pro is of my position as registered agent.  Repusered age acity and address of the person(s) who Name and Address:  Angelina Acevedo                                                                           | nt as registered of per and comple  Le d O  ent's signature)  has/have author | te above stated limite agent and agree to acte performance of my               | ed liability c<br>in this cap<br>duties, and                                                                   | company at the p<br>pacity. I further<br>d I am familiar |
| ring been named as reignated in this application omply with the provist accept the obligation.  The name, title or cap Title or Capacity:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | otance:  registered agent and to accept service ition, I hereby accept the appointment ions of all statutes relative to the profits of my position as registered agent.  Accept the Acceptage agent acity and address of the person(s) who Name and Address:  Angelina Acevedo  1256 NW Sun Ferace Crite, Unit D                         | nt as registered of per and comple  Le d O  ent's signature)  has/have author | te above stated limite agent and agree to acte performance of my               | ed liability c<br>in this cap<br>duties, and                                                                   | company at the p<br>pacity. I further<br>d I am familiar |
| ring been named as reignated in this application omply with the provist accept the obligation.  The name, title or cap Title or Capacity:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | otance: egistered agent and to accept service stion, I hereby accept the appointment ions of all statutes relative to the pro is of my position as registered agent.  Repusered age acity and address of the person(s) who Name and Address:  Angelina Acevedo                                                                           | nt as registered of per and comple  Le d O  ent's signature)  has/have author | te above stated limite agent and agree to acte performance of my               | ed liability c<br>in this cap<br>duties, and                                                                   | company at the p<br>pacity. I further<br>d I am familiar |
| wing been named as reignated in this applicationally with the provise accept the obligation.  The name, title or cap  Title or Capacity:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | otance:  registered agent and to accept service ition, I hereby accept the appointment ions of all statutes relative to the profits of my position as registered agent.  Accept the Acceptage agent acity and address of the person(s) who Name and Address:  Angelina Acevedo  1256 NW Sun Ferace Crite, Unit D                         | nt as registered of per and comple  Le d O  ent's signature)  has/have author | te above stated limite agent and agree to acte performance of my               | ed liability c<br>in this cap<br>duties, and                                                                   | company at the p<br>pacity. I further<br>d I am familiar |
| wing been named as reignated in this applicationally with the provise accept the obligation. The name, title or cap Title or Capacity:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ptance: registered agent and to accept service stion, I hereby accept the appointment ions of all statutes relative to the pro- is of my position as registered agent.  ACE (Registered agent acity and address of the person(s) who Name and Address:  Angelina Acevedo  1256 NW Sun Ferrace Critic, Unit D Port St Luce Florida, 34988 | nt as registered of per and comple  Le d O  ent's signature)  has/have author | te above stated limite agent and agree to acte performance of my               | ed liability c<br>in this cap<br>duties, and                                                                   | company at the p<br>pacity. I further<br>d I am familiar |

Typed or printed name of signee

Angelina Acevedo

## State of New York Department of State } ss:

I hereby certify, that PATH 2 POTENTIAL LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 01/27/2016, and that the Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:

A Certificate of Change was filed on 06/22/2016.

A Biennial Statement was filed 01/27/2020.

I further certify, that no other documents have been filed by such Limited Liability Company.



Witness my hand and the official seal of the Department of State at the City of Albany, this 09th day of June two thousand and twenty.

Brendan C. Hughes

Executive Deputy Secretary of State

Breden C Hylan

202006100424 \* PT