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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: UNITED PATHS 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:

RAYMOND ANDOLFO

Name of Person

ANDOLFO & HOOPIS

Firm/Company

109 AIRPORT RD STE 7 & 8

Address

WARWICK, RI 02889

City/State and Zip Code

RANDOLFO.AH@COXBUSINESS.NET

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

For further information concerning this matter, please call:

RAYMOND ANDOLFO

401

737-1333

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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. UNITED PATHS 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. STATE OF RHODE ISLAND 3. 83-3192920
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 12/01/2020
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability)

5. 9780 PINEAPPLE TREE DRIVE 6. 110 ARMISTICE BLVD
(Street Address of Principal Office) (Mailing Address)

BOYNTON BEACH, FL 33436

PAWTUCKET, RI 02860

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

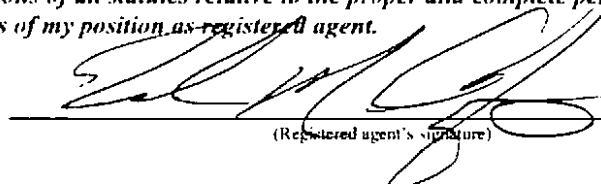
Name: RAYMOND M ANDOLFO

Office Address: 9780 PINEAPPLE TREE DRIVE

BOYNTON BEACH 33436
(City) , Florida (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. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

☐ Manager Name: MARGARET FREMPONG

☒ Member Address: 110 ARMISTICE BLVD

☐ Authorized PAWTUCKET, RI 02860

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: GRACE MOORE

☒ Member Address: 110 ARMISTICE BLVD

☐ Authorized PAWTUCKET, RI 02860

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: YVELANDE BOURSICQUOT

☒ Member Address: 110 ARMISTICE BLVD

☐ Authorized PAWTUCKET, RI 02860

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: RAYMOND ANDOLFO

☐ Member Address: 109 AIRPORT RD

☒ Authorized SUITE 7 & 8

Person WARWICK, RI 02889

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

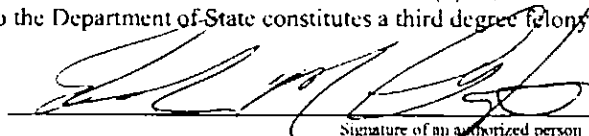
Person _____

☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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

RAYMOND ANDOLFO

Typed or printed name of signee



State of Rhode Island
Department of State | Office of the Secretary of State
Nellie M. Gorbea, Secretary of State

CERTIFICATE OF GOOD STANDING

I, Nellie M. Gorbea, Secretary of State and custodian of the seal and corporate records of the State of Rhode Island, hereby certify that:

UNITED PATHS, LLC

is a Rhode Island Limited Liability Company organized on **January 16, 2019**.

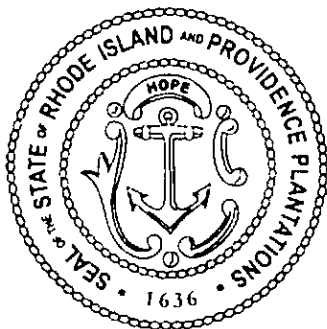
I further certify that revocation proceedings are not pending; articles of dissolution have not been filed; all annual reports are of record and the company is active and in good standing with this office.

This certificate is not to be considered as a notice of the company's tax status, financial condition or business practices; such information is not available from this office.

SIGNED and SEALED on

October 19, 2020

Secretary of State



Certificate Number: 20100072770

Verify this Certificate at: <http://business.sos.ri.gov/CorpWeb/Certificates/Verify.aspx>

Processed by: dantonelli