

M210000010612

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

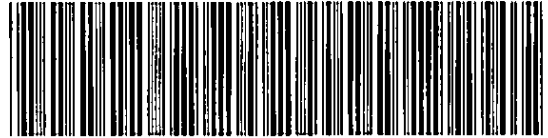
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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OFFICE OF THE CLERK
STATE OF NEW YORK

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AUG 17 2021
M. SOLOMON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GREENPATH ADVISORS 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:

JAY LODHIA

Name of Person

GREENPATH ADVISORS LLC

Firm/Company

300 SUNNY ISLES BLVD., APT 1803

Address

SUNNY ISLES BEACH, FLORIDA 33160

City/State and Zip Code

jay.lodhia@greenpathadvisor.com

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

For further information concerning this matter, please call:

JAY LODHIA

732

261-6043

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. GREENPATH ADVISORS 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. DELAWARE
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 84-5055641
(FEI number, if applicable)

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

5. 300 SUNNY ISLES BLVD., APT 1803
(Street Address of Principal Office)

6. 300 SUNNY ISLES BLVD., APT 1803
(Mailing Address)

SUNNY ISLES BEACH, FL 33160

SUNNY ISLES BEACH, FL 33160

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

Name: JAY LODHIA

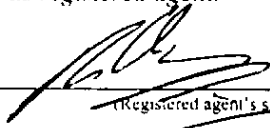
Office Address: 300 SUNNY ISLES BLVD., APT 1803

SUNNY ISLES BEACH, Florida 33160
(City) (Zip code)

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STATE OF FLORIDA

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: Manager **Name and Address:** Name: JAY LODHIA
 Member Address: 300 SUNNY ISLES BLVD.
 Authorized APT 1803
 Person SUNNY ISLES BEACH, FL 33160
 Other _____ Other _____

Title or Capacity: Manager **Name and Address:** Name: SEAN WEST
 Member Address: 13107 W. 127TH TER.
 Authorized OVERLAND PARK, KS 66213
 Person _____
 Other _____ Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____ Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____ Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____ Other _____

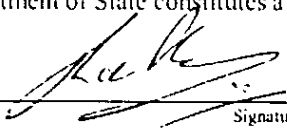
Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____ Other _____

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 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 AND BUSINESSES

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

JAY LODHIA

 Typed or printed name of signer

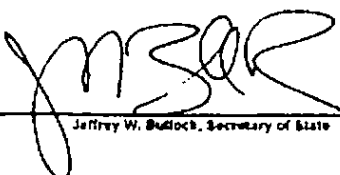
Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GREENPATH ADVISORS LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIRST DAY OF JUNE, A.D. 2021.




Jeffrey W. Bullock, Secretary of State

7853052 8300

SR# 20211430120

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203337420

Date: 06-01-21