# MUW011996

(	Requestor's Name)		
(Address)			
	Address)		
	City/State/Zip/Phone #)		
PICK-UP	☐ WAIT ☐ MAIL		
(	Business Entity Name)		
(Document Number)			
Certified Copies	Certificates of Status		
Special Instructions to Filing Officer:			

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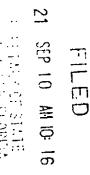
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#### COVER LETTER

Registration Section

TO:

UBJECT:	The Charted Path LLC		
ODJECE		ne of Limited Liability Company	
		Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florid	
lease return	n all correspondence concerning this matter t	to the following:	
	Ruth Wood		
		Name of Person	
	The Charted Path, LLC		
		Firm/Company	
	600 Beach Road #138,		
		Address	
	Vero Beach, Florida 32963		
	(	City/State and Zip Code	
	ruth@thechartedpath.com		
	E-mail address: (to b	e used for future annual report notification)	
for further i	information concerning this matter, please ca	ıll:	
Ru	th Wood	914 282-4425 at ( )	
	Name of Contact Person	Area Code Daytime Telephone Number	
	ailing Address:	Street Address:	
	gistration Section vision of Corporations	Registration Section Division of Corporations	
	O. Box 6327	The Centre of Tallahassee	
	llahassee, FL 32314	2415 N. Monroe Street, Suite 810	
		Tallahassee, FL 32303	
	closed is a check for the following amount: ase make check payable to: FLORIDA DEF	D & DTN(ENT /) E CT & TE	
	\$125.00 Filing Fee  \$\Box\text{S130.00 Filing Fe}\$		
	Certificate of		



June 22, 2021

RUTH WOOD 600 BEACH RD #138 VERO BEACH, FL 32963

SUBJECT: THE CHARTED PATH LLC

Ref. Number: W21000090609

We have received your document for THE CHARTED PATH LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must have a manager, member or authorized person listed.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 121A00014122

Tracy L Lemieux Regulatory Specialist II

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

IN COMPLIANCE WITH SECTION (05,0002, FLORIDA STATUTES, THE FOLLOWING IN SUBMITTED TO REGISTER A FOREIGN TAMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA: The Charted Path LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.I. 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.E.C." or "LLC.") Secretary of State of Wyoming 82-2412942 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, ((applicable) N/A (Date first transacted business in Florida, if prior to registration 1 (See sections 605 0904 & 605 0905, F.S. to determine penalty liability) 600 Beach Road #138 600 Beach Road #138 (Street Address of Principal Office) (Mailing Address) Vero Beach, FL 32963 Vero Beach, Florida 32963 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Ruth Wood Name: 600 Beach Road #138. Office Address: Vero Beach 32963 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. Ruth # Wood
(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: Title or Capacity: Name and Address: ■Manager-□ Manager Name: \_\_\_\_\_ Member Address: \_\_\_\_\_ □Member Address: □Authorized □ Authorized Person Person □Other\_\_\_\_\_ □Other □Other Other\_\_\_ □Manager Name: \_\_\_\_\_ □Manager Name: \_\_\_\_ □Member Address: □ Member Address: □Authorized □Authorized Person Person □Other □Other\_\_\_\_ □Other\_\_\_\_\_ □Other\_\_\_\_ □Manager Name: \_\_\_\_\_ □ Manager Address: □Member □ Member Address: □ Authorized □ Authorized Person Person □ Other\_\_\_\_\_ □Other\_\_\_\_ □Other\_\_\_\_\_ □Other\_\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. Ruth # Wood Signature of an authorized person

Typed or printed name of signee

Ruth H Wood

## STATE OF WYOMING Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

#### The Charted Path LLC

is a

### **Limited Liability Company**

formed or qualified under the laws of Wyoming did on **August 8**, **2017**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2017-000764130**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 20th day of May, 2021 at 2:58 PM. This certificate is assigned ID Number 044676732.





Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.