## Ma1000012051

(Re	questor's Name)	
(Add	dress)	
(Ad	dress)	_
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	09/13/2021		
	Eric Marc	ano	_
Reference #			_
Entity Name	e: <b>F</b>	PATH ACQU	ISITIONS TRS LLC
✓ Article	es of Incorporation	n/Authorization	to Transact Business
Amer Amer	ndment		
☐ Chan	ge of Agent		
Reins	statement		
☐ Conv	ersion		
☐ Merg	er		
☐ Disso	olution/Withdrawal		
☐ Fictiti	ous Name		
Other	r	Please provide	a certified copy upon filing.
Authorized A	Amount:	\$155.00	
Signature: _	Eric Marcano		

F: 800,944,6607

F: +852.2682.9790

## COVER LETTER

TO:

то:	Registration Division of C		;					
SUBJ	FCT:		PATH AC	QUISITIO	ONS TR	SLLC		
.,000	LC1	-	Nam	e of Limite	Liability	Company		
							nsact Business in Florida, company to transact busin	
Please	return all corres	pondence co	oncerning this matter to	the follow	ing:			
				Nick H	elmer			
				Name of	Person			•
				Firm/Co	mpany			
			90 Pa	rk Avenu	e, 31st F	=loor		
				Addı	ress			•
		<del></del>		w York, lity/State an				
				notices@	·		/	
			E-mail address: (to be				fication)	•
For fu	rther information	concerning	this matter, please cal	1:				
		David	d Feins	at (_	518	.)	213-0808	
		Name of	Contact Person		Area Code	Dayt	ime Telephone Number	•
	MAILING A Division of C Registration S P.O. Box 632 Tallahassee, F	orporations Section 7				Division of Registration Clifton Bu 2661 Exec	ADDRESS: of Corporations on Section ailding cutive Center Circle ee, FL 32301	
			e following amount: e to: FLORIDA DEP		T OF STA	TE	-	
	\$125.00 1	filing Fee	\$130.00 Filing I Certificate o			Filing Fee led Copy	& 🗓 \$160.00 Filing of Status & Cer	

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

IN COMPLANCE 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.		PATH ACQUIS	SITIONS TRS	SLLC				
_	(Name of Foreign Lin	nited Liability Company; must include "L	amited Liability Com	ipany," "L.L.C.,"	or "LLC.")			_
(If na	me unavailable, enter alternate name	adopted for the purpose of transacting business	in Florida The alternate	name must include	"Limited Liability	Сопрапу," "L.	C," or "!	I.I.C.")
2.		elaware	3		87-260867	79		
	(Jurisdiction under the law of which	foreign limited liability company is organized)			(FEI number, if	applicable)		<del></del>
4.								
_		(Date first transacted business in Florida, if pi (See sections 605,0904 & 605,0905, F.S. to c	nor to registration.) letermine penalty liability	y)		_		
5.	90 Park Aven		6.		Avenue, 3	31st Floo	or	
_	(Street Address of Princ	upal Office)			(Mailing Address)			_
	New York,	NY 10016	New York, NY 10016					
- 7. N	Name and <u>street address</u> o	of Florida registered agent: (P.O.	 Вох <u>NOT</u> ассер	otable)		· · · · · · · · · · · · · · · · · · ·	2021 9	
	Name:	COGENCY GLOBA	AL INC.	_		TILL BAS	SEP 13	
	Office Address: _	115 North Calhoun S	t. Suite 4	_		OF ST	AH 10: 36	
	_	Tallahassee	}	, Florida	32301		36	
		(City)			(Zip code)			
-	gistered agent's acceptar	nce: tered agent and to accept service	e of process for t	he above state	ed limited lial	bility comp	any at	the plac

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.

/s/ Jeffrey Cohen, Assistant Secretary	
(Registered agent's signature)	

Title or Capacity:	Name:	Name and Address: Greggory Davis	Title or Capacity:	Name:	Name and Address: Amrish Desai
Member		90 Park Avenue	Member		90 Park Avenue
Authorized		31st Floor	Authorized		31st Floor
Person	Ne	w York, NY 10016	Person	Nev	v York, NY 10016
Other		_Other	[]Other		Other
ĭXManager	Name:	Paul Limanni	∐ Manager	<sub>Name:</sub> Paç	gaya Smartresi F1 Fur
Member		90 Park Avenue	⊠ Member		90 Park Avenue
Authorized		31st Floor	☐ Authorized		31st Floor
Person	Ne	w York, NY 10016	Person	Nev	v York, NY 10016
Other		Other	Other		Other
Manager	Name:		Manager	Name:	
Member	Address: _		Member	Address:	<del></del>
∐Authorized			Authorized		
Person			Person		
Other		Other	Other		Other
indexed individuals  9. Attached is a cert jurisdiction under th of the translator mus  10. This document i	may be addedificate of exice law of white the submitters of executed in the submitters of the executed in the	n accordance with section 605.02 Department of State constitutes a	Florida Department of State d., duly authenticated by the late is in a foreign language.  (03 (1) (b), Florida Statutes.	Annual Repo official havin a translation I am aware th	ort form.  Ig custody of records in the of the certificate under oath and false information
			are of an authorized person		<b>—</b>

Typed or printed name of signee

Page 1

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "PATH ACQUISITIONS TRS 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 TENTH DAY OF SEPTEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PATH

ACQUISITIONS TRS LLC" WAS FORMED ON THE THIRD DAY OF SEPTEMBER,

A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 204127511

Date: 09-10-21

6213545 8300 SR# 20213213448