# M23000013360

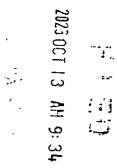
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(
(Document Number)
(233311011111111111111111111111111111111
Certified Copies Certificates of Status
Octanioacs of status
<del></del>
Special Instructions to Filing Officer.





800417278528

10/13/23--01027-+003 \*\*125.00



#### COVER LETTER

TO:

	Division of Corporations						
UBJE	1Path Managed Services, LLC						
Name of Limited Liability Company							
'he en Existen	closed "Application by Foreign Limited Liability nce, and check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificate referenced foreign limited liability company to transact business in Florida					
lease	return all correspondence concerning this matter	to the following:					
	Entity Compliance						
		Name of Person					
	Synexus Tax Solutions						
		Firm/Company					
	271 17th ST NW Suite 1600						
		Address					
	Atlanta GA 30363						
		City/State and Zip Code					
	compliance@Ipath.com						
	E-mail address: (to b	pe used for future annual report notification)					
or fur	ther information concerning this matter, please c	all:					
Timothy Howe		404 874-6244					
	Name of Contact Person	at () Area Code Daytime Telephone Number					
Mailing Address: Registration Section		Street Address: Registration Section					
Division of Corporations		Division of Corporations					
P.O. Box 6327		The Centre of Tallahassee					
	Tallahassee, FL 32314	2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303					
	Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DE  \$\Begin{array}{l} \pm	ee & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee, Certificate					

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

IN COMPLIANCE WITH SECTION 605-0002, FLORIDA STATUTES, THE FOLLOWING IN SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

If name unavailable, enter alternate i	name adopted for the purpose of transacting business in F	lorida. The	alternate name must include "Limited Lia	oility Company," "I	lL.C," or	*LLC.")
Delaware			88-4006394			
(Jurisdiction under the law of which foreign limited liability company is organized)			(FEI numbe	r, if applicable)		_
10/1/23						
·	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration	i.) liability)			
2300 Windy Ridge Pkwy			ATTN Compliance 2300 W	'indy Ridge P	kwy	
5. (Street Address of Principal Office)			(Mailing Address)			_
Suite 685 South			Suite 685 South		<u> </u>	_
Atlanta GA 30339			Atlanta GA 30339			
. Name and street addres	ss of Florida registered agent: (P.O. Box  Corporation Service Company	acceptable)		2023 OCT 13	- 170	
Name:	Corporation Service Company		<u>.</u>	*		(
Office Address:	1201 Hays ST			•	AII 9: 31	] 4 (1820)
	Tallahassee		32301 , Florida	-	ဋ	
	(City)		(Zip code)			
lesignated in this applica	(City)	process is registi	Florida (Zip code)  for the above stated limited livered agent and agree to act in	r this capacity	uny at the	ther

manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Onepath Holding Corporation Name: \_\_\_Opal Ferraro □Manager □Manager 2300 Windy Ridge Pkwy 2300 Windy Ridge Pkwy Address: Address: □Member **■**Member Suite 685 South Suite 685 South □ Authorized ☐ Authorized Atlanta GA 30339 Atlanta GA 30339 Person Person ■Other\_CFO □Other\_\_\_\_ □Other\_\_\_\_ □Other □Manager □Manager Name: \_\_\_\_\_\_ □Member Address: \_\_\_\_ \_ □Member Address: □ Authorized ☐ Authorized Person Person □Other \_\_\_\_\_ □Other Other\_\_\_\_ □Other □Manager □Manager Name: Address: \_\_\_\_\_\_ Address: ☐ Member ☐ Member □ 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. Signature of an authorized person Opal Ferraro, Chief Financial Officer Typed or printed name of signee

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to

Page 1

# <u>Delaware</u>

### The First State

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

DELAWARE, DO HEREBY CERTIFY THAT "IPATH MANAGED SERVICES, LLC" IS

DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR

REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY

AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF FORMATION, FILED THE TENTH DAY OF MAY, A.D. 2022, AT 10:31 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATE IS THE ONLY PAPER OF RECORD, THE LIMITED LIABILITY

COMPANY IN QUESTION NOT HAVING FILED AN AMENDMENT NOR HAVING

MADE ANY CHANGE WHATSOEVER IN THE ORIGINAL CERTIFICATE AS FILED.

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

Authentication: 204249459

Date: 09-26-23

6787916 8315 SR# 20233580667