

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000059862 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : M. BURR KEIM COMPANY

Account Number: I19990000242 Phone

: (215)563-8113

Fax Number

: (215)977-9386

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. ** Email Address:



FLORIDA PROFIT/NON PROFIT CORPORATION **DEFINING PATHWAYS, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

Electronic Filing Menu

 C^{*}

Corporate Filing Menu

Help



ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

SECONDARY

TICLE I NAMI		c. 1/2	NLAHASSEE, FLORIDA
TCLE II PRIN	CIPAL OFFICE Principal street address		Mailing address, if different is:
e Coral, FL 33909			ral, FL 33909
TCLE III PURP purpose for which	OSE Consultants the corporation is organized is:		
ICLE IV SHAB	ES 1000		
	AL OFFICERS AND/OR DIRECTORS Anthony Bearden, President	Name and Title	
number of shares of	AL OFFICERS AND/OR DIRECTORS Anthony Bearden, President 910 NE 8th Place	Name and Title Address:	910 NE 8th Place
Name and Titl Address	AL OFFICERS ANDAOR DIRECTORS Anthony Bearden, President 910 NE 8th Place Cape Coral, FL 33909	_ Address: _	910 NE 8th Place Cape Coral, FL 33909 Michael Croghan, Director
number of shares of ICLE V INITIA Name and Titl	Anthony Bearden, President 910 NE 8th Place Cape Coral, FL 33909 Michael Croghan, Secretary		910 NE 8th Place Cape Coral, FL 33909 Michael Croghan, Director
Name and Titl Address	Anthony Bearden, President 910 NE 8th Place Cape Coral, FL 33909 Michael Croghan, Secretary	_ Address: _	910 NE 8th Place Cape Coral, FL 33909 Michael Croghan, Director 14524 Keating Drive
Name and Title Name and Title	Anthony Bearden, President 910 NE 8th Place Cape Coral, FL 33909 Michael Croghan, Secretary	_ Address: Name and Title:	910 NE 8th Place Cape Coral, FL 33909 Michael Croghan, Director
Name and Title Name and Title	AL OFFICERS AND/OR DIRECTORS Anthony Bearden, President 910 NE 8th Place Cape Coral, FL 33909 Michael Croghan, Secretary 14524 Keating Drive La Mirada, CA 90638	_ Address: _ Name and Title: _ Address: _	910 NE 8th Place Cape Coral, FL 33909 Michael Croghan, Director 14524 Keating Drive
Name and Title Address Name and Title Address	AL OFFICERS AND/OR DIRECTORS Anthony Bearden, President 910 NE 8th Place Cape Coral, FL 33909 Michael Croghan, Secretary 14524 Keating Drive La Mirada, CA 90638	_ Address: _ Name and Title: _ Address: _	910 NE 8th Place Cape Coral, FL 33909 Michael Croghan, Director 14524 Keating Drive La Mirada, CA 90638

M BURR KEIM CO (((H160000598623)))



Ø 003

16 MAR -8 PM 12: 48

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Name an	d Title:	Name and Title:
Address	Charles To the space of the spa	Address:
ARTICLE VI	REGISTERED AGENT	A file of a second
	lorida street address (P.O. Box NOT acceptable Anthony Bearden	s) of the registered agent is:
Name:	910 NE 8th Place	_
Address:	Cape Coral, FL 33909	_
	, , , , , , , , , , , , , , , , , , , ,	
ARTICLE VII	INCORPORATOR	
The name and a	<u>ldress</u> of the Incorporator is:	
Name:	Anthony Bearden	
Address:	910 NE 8th Place	_ ,
	Cape Coral, FL 33909	
ARTICLE VIII	EFFECTIVE DATE:	(OPTIONAL)
(If an effective of days after the fi		nnot be more than five business days prior or 90 business
Note: If the date	inserted in this block does not meet the applica	able statutory filing requirements, this date will not be listed as
the document's o	effective date on the Department of State's recon	dr.
Having been not this certificate. I	med as registered agent to accept service of pro om familiar with and accept the appointment a	rcess for the above stated corporation at the place designated in registered agent and agree to act in this capacity
	HM	2 2 11
- bal	Required Signature/Registered Agent	$\frac{3-2-16}{\text{Date}}$
I submit this do	cument and affirm that the facts stated herein	are true. I am aware that the false information submitted in a
document to the	Department of State constitutes a third degree;	ciony us provinca for in 5.017.133, F.S.
Mon 1	the Manch	3-2-16
Requ	ired Signature/Incorporator	Date