

P160000 78511

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

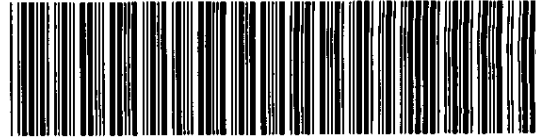
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100290269511

RECEIVED  
DEPARTMENT OF REVENUE  
16 SEP 26 PM 1:55

FILED  
16 SEP 26 PM 3:42

C. GOLDEN  
SEP 26 2016

*\* Please file first*

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 307223 7193709

AUTHORIZATION :

*Spurlockman*

COST LIMIT : \$ 70.00

ORDER DATE : September 26, 2016

ORDER TIME : 1:31 PM

ORDER NO. : 307223-010

CUSTOMER NO: 7193709

DOMESTIC FILING

NAME: PATHWAYS ODP1 MANAGER, INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION  
\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP  
\_\_\_\_ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - EXT.

EXAMINER'S INITIALS: \_\_\_\_\_

FILED  
16 SEP 26 PM 3:42

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

FILED

**ARTICLE I NAME**

The name of the corporation shall be: Pathways ODP1 Manager, Inc.

16 SEP 26 PM 3:42

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is: FL 33330

13400 Luray Road

Same

Southwest Ranches, FL 33330

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

to conduct any activity or business permitted under the laws of the United States and the State of Florida

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000 shares of common stock, par value \$0.01 per share

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Jeffrey E. Campion,  
Name and Title: Director, President, Sec. & Treasurer

Name and Title: \_\_\_\_\_

Address 13400 Luray Road  
Southwest Ranches, FL 33330

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Jeffrey E. Campion  
Address: 1835 Main Street, Suite 101  
Weston, FL 33326

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Jeffrey E. Campion  
Address: 1835 Main Street, Suite 101  
Weston, FL 33326

FILED  
16 SEP 26 PM 3:42

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

\_\_\_\_\_  
Required Signature/Registered Agent

9/22/16  
Date

*I submit this document 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 felony as provided for in s.817.155, F.S.*

\_\_\_\_\_  
Required Signature/Incorporator

9/22/16  
Date