

P230000051204

Division of Corporations

5168 5189

**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.

(((H23000241491 3)))



H23000241491 3ABC-

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 : HUBCO
Account Number : 104662003400
Phone : (516)935-3940
Fax Number : (516)935-3088

2023 JUL 10 PM 3:58
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

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

Email Address: THOMAS@BIZWORXFINANCIAL.COM

FLORIDA PROFIT/NON PROFIT CORPORATION

Commpath MSP Inc

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

RECEIVED

2023 JUL 10 PM 3:49

REGISTRARS
COMMERCIAL
SERVICES

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

H23000241491

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

ARTICLE I NAMEThe name of the corporation shall be: Commpath MSP Inc**ARTICLE II PRINCIPAL OFFICE**Principal street address3720 20th StreetVero Beach, FL 32960-2411

Mailing address, if different is:

ARTICLE III PURPOSEThe purpose for which the corporation is organized is: Any Legal or Lawful Purpose**ARTICLE IV SHARES**The number of shares of stock is: 200 at No Par Value**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Tricia Stoddard - President/Director

Name and Title: _____

Address

3720 20th Street

Address: _____

Vero Beach, FL 32960

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

FILED
2023 JUL 10 PM 3:58
SECRETARY OF STATE
TALLAHASSEE, FL

H23000241491

H23000241491

Name and Title: _____ Name and Title: _____
 Address: _____ Address: _____

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

Name: Tricia Stoddard
 Address: 3720 20th Street
Vero Beach, FL 32960

ARTICLE VII INCORPORATORThe **name and address** of the Incorporator is:

Name: Tricia Stoddard
 Address: 3720 20th Street
Vero Beach, FL 32960

FILED
 2023 JUL 10 PM 3:58
 SECRETARY OF STATE
 TALLAHASSEE, FL

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 days prior or 90 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:*Tricia StoddardJuly 10, 2023

Required Signature/Registered Agent

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.*Tricia StoddardJuly 10, 2023

Required Signature/Incorporator

Date

H23000241491