(Requestor's Name)	
(Address)	20039548
(Address)	20039340
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
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COVER LETTER

TO: Registration Sect Division of Corp		
SUBJECT: TDS ASPE	HALT SPECIALISTS, INC.	
SUBJECT:	Name of corporation	n - must include suffix
Dear Sir or Madam:		
"Certificate of Existence	on by Foreign Corporation for " or "Certificate of Good Sta corporation to transact busin	r Authorization to Transact Business in Florida," and check are submitted to register the less in Florida.
Please return all correspo	ondence concerning this matte	er to the following:
ADRIAN MIDDLETON,	ESQ	
	Name o	f Person
SWORD & SHIELD LLC		
	Firm/Co	mpany
1437 MARKET ST		
	Add	ress
TALLAHASSEE, FL 323		
11122111110022,1222		and Zip code
BIZ@SWORDANDSHIE	·	and 21p 4000
		I for future annual report notification)
		Ċ.
For further information	concerning this matter, please	call:
ADRIAN MIDDLETON,	ESQ at (850	•
Name of Person	Area Co	ode Daytime Telephone Number
Registration Sec Division of Cor The Centre of T	porations 'allahassee e Street, Suite 810	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for		NT OF STATE \$78.75 Filing Fee & \$87.50 Filing Fee, Certified Copy Certified Copy Certified Copy Certified Copy

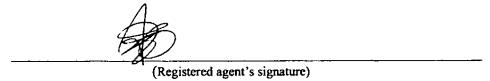
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

TDS ASPHALT SPECIALISTS, INC.				
	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION	,	
(If name unavaila	able in Florida, enter alternate corporate name	adopted for the purpose of transacting	g business in Florida)	
2. MASSACHUSE	etts 3	47-5652108		
(State or country	y under the law of which it is incorporated)	(FEI number, if app	olicable)	
4. 7.30.2015	5.			
	of incorporation)	(Date of duration, if other t	han perpetual)	
6.				
, 17 Derby St		in Florida, if prior to registration) 502, F.S., to determine penalty liability	у)	
7	(Principal of	fice street address)		
Framingham MA		<u> </u>		
	(Current maili	ng address, if different)	2220	
8. Name and stree	et address of Florida registered agent: (P.	O. Box NOT acceptable)	- N2	
Name:	MIDDLETON & MIDDLETON, P.A.			
Office Address:	1437 MARKET ST		. .	
	TALLAHASSEE	, Florida	Ē	
	(City)	(Zip code)		

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.



10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS	, · · · •			
□ Chairman	Name: Wayne Small	Chairman	Name:	
□Vice Chairman	Address: 17 Derby St	☐ Vice Chairman	Address:	
□Director	Framingham MA 01701	□Director		
President		President		
□Vice President		□Vice President		
Secretary	Treasurer	Secretary	□Treasurer	
Other		□Other	Other	
□Chairman	Name:	Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director		
□President		President		
□Vice President		□Vice President		
Secretary	□Treasurer	☐ Secretary	Treasurer	
Other	□ Other	Other		
□ Chairman	Name:	□Chairman	Name:	-1
□Vice Chairman	Address:	□Vice Chairman	Address:	다. - :
□Director		Director		
□President		□President		
□Vice President		□Vice President		
☐ Secretary	□Treasurer	☐ Secretary	□Treasure	г
Other		□Other	Other	
individuals may be	Use an attachment to report more than six (6). The attachment to report more than six (6). The attachment added to the index when filing your Florida Department of Director	ent of State Annual R		
The officer or dire she is aware that fi s.817.155, F.S.	ctor signing this document (and who is listed in numbalse information submitted in a document to the Depart	er 11 above) affirms t trinent of State constit	nat the facts stated herein are trutes a third degree felony as pr	ue and that he or ovided for in
13. WAYNE SN	MALL - P			



The Gommonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02133

Date: October 14, 2022

To Whom It May Concern:

I hereby certify that according to the records of this office,

TDS ASPHALT SPECIALISTS, INC.

commonwealth of Massachusetts. I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

Secretary of the Commonwealth

William Travino Galicin

Certificate Number: 22100278150

Verify this Certificate at: http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx

Processed by: bod