## COCOOS 5894 TRANSMITTAL LETTER

TO: Registration Se Division of Cor					
SUBJECT:	PAULA	INC	· .		<del>-</del>
5023201. <u>-</u>	(Name of c	orporation - must include	e suffix)		•
Dear Sir or Madam:					
	e", and check are subm	ation for Authorization to uitted to register the above			
Please return all corresp	ondence concerning th	is matter to the followin	g:		
BRIDGET	Paulist	<i>-</i>			
	(	Name of Person)			
Paven =	INC		3UUU! -11	<b>046745</b> 53 /09/0101058-	3
Paver =	(	Firm/Company)	<b>米</b> 珠	****37。5U ****	*87 <b>.</b> 50
4450 C	SCANWOOD	PKWY (Address)			_
		(Address)			_
WAZREN	SVILLE HTS	Dt 44128-	-4004		
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Ci	ty/State and Zip code)			
For further information					
JAMES J Pi	roctor (	2(6) 851-66	, フ ( <del>- 1000</del>	01 SEC	
(Name of Person	on) $at ($	(Area Code & Daytime	e Telephone Nu	ımber∏ ᢓ ⊤ı	
		•	_	ARY ASSE	:
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STREET ADDRESS:		MAILING A		(/)	,
Registration Section	·	Registration S Division of Co		8: 05 TATE ORIDA	<u>_</u> -
Division of Corporation 409 E. Gaines St.	is	P.O. Box 632		> QI	
Tallahassee, FL 32399	-	Tallahassee, F		int	
Enclosed is a check for	the following amount:			inti 11/14	
	_		/		ļ.
□ \$70.00 Filing Fee	□ \$78.75 Filing Fee Certificate of Sta		у (	87.50 Filing Fee, Certificate of Status Certified Copy	s & -

## 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.

1. PAVED INC.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or
words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. OH 3. 34-0961245 (State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 1-1-65 (Date of incorporation)  5. PERPETUB  (Duration: Year corp. will cease to exist or "perpetual")
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. UPON QUALIFICATION (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 4450 CRANWOOD PXWY - WARRENSVILLE HTS, OHIO 44128-400 (Principal office address)
(Timespar office address)
(Current mailing address)
(Current maning address)
8. Spf=5
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name: John F PAUlist
NO T
Office Address: 7187 TORY LONE
Nep(55   Florida 34108   Florida 34108   Florida 2
(City) (Zip code)
No (Es ), Florida 3418 (Zip code)  10. Registered agent's acceptance:
10. Registered agent's acceptance: $\Box$ $\Box$ 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

(Registered agent's signature)

duties, and I am familiar with and accept the obligations of my position as registered agent.

further agree to comply with the provisions of all statutes relative to the proper and complete performance of my

11. 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.

12. Names and business addresses of officers and/or directors:
A. DIRECTORS
Chairman: JOHN F Paulist
Address: 7187 TO124 LANE
NAVIES F1 34108
Vice Chairman:
Address:
Director: KATHLEEN PAULIST
Address: 7187 Tory LONE
NoglES, F1 34108
Director: SCOTT POUSist
Address: 4450 CRANNOOD PKWY
WARRENSVIILE HIS, OHID 44128
B. OFFICERS
President: STEVEN BRENNON
Address: 5979 PHILEFURD DR 4450 CSCANWOOD PRWY
Hierono, 1/13. OH 44143 WAR, ZENSVILLE /AS. OH 446
Vice President:
Address:
Secretary: KATHLEEN PAVISH SECRETARY
7187 T 01 1000 = 7000 (#\$ F ( P 3) ( ) 000
Address: 100 10RG LANE - 1000 1 34100
Treasurer: $OHV + IBUIISH$
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13. X JF. Party
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. Total Flavists - Chairman (Typed or printed name and capacity of person signing application)
(1 yped of printed name and capacity of person signing application)

## UNITED STATES OF AMERICA, STATE OF OHIO, OFFICE OF THE SECRETARY OF STATE.

I, J. Kenneth Blackwell, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations; that said records show PAVCO INC., an Ohio Corporation, Charter No. 335995, having its principal location in Cleveland, County of Cuyahoga, was incorporated on December 23, 1964 and is currently in GOOD STANDING upon the records of this office.

WITNESS my hand and official seal
at Columbus, Ohio on
October 30, 2001

J. Kenneth Blackwell

Secretary of State

NOV -9 PM 8: 0 ETARY OF STATE MASSEE, FLORID

