## F180000000156

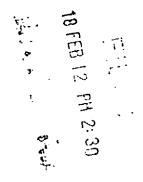
| (Requestor's Name)                      |             |
|---|-------------|
| (Address)                               | <del></del> |
| (Address)                               |             |
| (City/State/Zip/Phone #)                |             |
| PICK-UP WAIT                            | MAIL        |
| (Business Entity Name)                  |             |
| (E                                      |             |
| (Document Number)                       |             |
| Certified Copies Certificates of State  | rus         |
| Special Instructions to Filing Officer: |             |
|   |             |
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Office Use Only



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O SIMMONS

### **COVER LETTER**

| TO:     | Registration Sect Division of Corpo   |  |               |  |  |
|---------|---|--|---------------|--|--|
| SUBJ    | US Paveme   | nt Services Inc                                    |               |  |  |
| 30120   |   | Name of  | corporation   | - must include suffix  |  |
| Dear S  | ir or Madam:  |  |               |  |  |
| "Certif |   | or "Certificate o                                  | f Good Stan   | iding" and check are su  | act Business in Florida," ibmitted to register the           |
|         | return all correspo<br>v Musto  | ndence concerning                                  | g this matter | to the following:  |  |
|         |   | ······································             | Name of       | Person   |  |
| US Pav  | rement Services Inc   |  |               |  |  |
| 39 Indi | istrial Parkway   |  | Firm/Com      | pany   |  |
|         |   | <del></del>  | Addre         | SS   | ****   |
| Wobur   | n, MA 01801   |  |               |  |  |
|         | ,   | (  | City/State ar | nd Zip code  |  |
| AMuste  | o@uspavement.com  |  |               |  |  |
|         |   | E-mail address: (                                  | to be used f  | or future annual report  | notification)  |
| For fur | ther information co   | ncerning this matt                                 | ter, please c | all:   |  |
|         |   | 781  | 932-4722      |  |  |
|         | Name of Person  | at   | Area Code     | Daytime Telep  | ohone Number   |
|         | STREET/COURI<br>Registration Section<br>Division of Corpo<br>Clifton Building<br>2661 Executive Co<br>Tallahassee, FL 3 | on<br>rations<br>enter Circle<br>2301              |               | MAILING A<br>Registration S<br>Division of C<br>P.O. Box 632<br>Tallahassee, I | Section<br>orporations<br>7                                  |
|         | ed is a check for the   | following amoun  \$78.75 Filing F Certificate of S | ee & 🗆        | \$78.75 Filing Fee & Certified Copy  | ☐ \$87.50 Filing Fee, Certificate of Status & 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.

| US Pavement S             |  |  |                                       |  |  |
|---------------------------|--|--|---------------------------------------|--|--|
|                           | corporation; must include "INCORPORATED," 'Corp." "Inc." "Co." or "Corp.")   | "COMPANY," "CORPORATION,"  |                                       |  |  |
| (If name unavail          | able in Florida, enter alternate corporate name ad   | opted for the purpose of transacting b   | ousiness in Florida                   |  |  |
| Massachusetts             | ry under the law of which it is incorporated)  | 4-3036715  |                                       |  |  |
| (State or countr          | (FEI number, if applie   |  |                                       |  |  |
| (Date                     | (Date of incorporation)  5. (Date of duration, if other the state of duration is stated as the state of duration if other the stated of duration is stated as the stated as the stated as the stated of duration is stated as the stated of duration is stated as the st |  |                                       |  |  |
| J.                        | (Date first transacted business in F<br>(SEE SECTIONS 607.1501 & 607.1502<br>kway Woburn, MA 01801<br>(Principal   | lorida, if prior to registration)  2. F.S., to determine penalty liability)  office address) | 18                                    |  |  |
|                           | -  | address, if different)   | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |  |  |
| . Name and stree<br>Name: | et address of Florida registered agent: (P.O. l<br>Cogency Global Jre.   | Box <u>NOT</u> acceptable)   | £.                                    |  |  |
| office Address:           | 115 North Calhoun Street, Suite 4  | _  |                                       |  |  |
|                           | Tallahassee  | 32301<br>, Florida   |                                       |  |  |
|                           | (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.

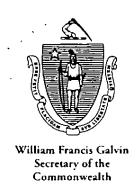
(Registered agent's signature)

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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Michael Musto Chairman: 39 Industrial Parkway Woburn, MA 01801 Address: Michael Musto Vice Chairman: 39 Industrial Parkway Woburn, MA 01801 Address: Michael Musto Director: 39 Industrial Parkway Woburn, MA 01801 Address: Michael Musto Director: 39 Industrial Parkway Woburn, MA 01801 Address: **B. OFFICERS** Michael Musto President: \_ 39 Industrial Parkway Woburn, MA 01801 Address: Michael Musto Vice President: 39 Industrial Parkway Woburn, MA 01801 Address: \_\_ Michael Musto Secretary: 39 Industrial Parkway Woburn, MA 01801 Address: Michael Musto Treasurer: 39 Industrial Parkway Woburn, MA 01801 Address: may attach an Adendum to the application listing additional officers and/or directors. NOTE: If necessary, Signature of Director or Officer The officer or director signing his document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

President

Michael Musto



# The Commonwealth of Massachusetts Secretary of the Commonwealth State House. Boston. Massachusetts 02188

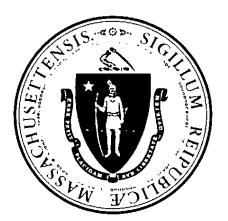
Date: January 31, 2018

To Whom It May Concern:

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

#### U.S. PAVEMENT SERVICES 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

Certificate Number: 18010544690

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

Processed by: