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September 14, 2020

SAM ROBINSON 125 E. ALGONQUIN ROAD ARLINGTON, IL 60005

SUBJECT: PATH CONSTRUCTION NORTHEAST, INC.

Ref. Number: W20000104818

We have received your document for PATH CONSTRUCTION NORTHEAST, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott Document Specialist II

Letter Number: 520A00017463

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Path Construction Northeast, Inc.	
· · · · · · · · · · · · · · · · · · ·	orporation - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corpora "Certificate of Existence," or "Certificate of G above referenced foreign corporation to transa	ration for Authorization to Transact Business in Florida," Good Standing" and check are submitted to register the let business in Florida.
Please return all correspondence concerning the	nis matter to the following:
1	Name of Person
Path Construction Northeast, Inc.	
F	irn/Company
125 E Algonquin Road	. ,
	Address
Arlington Heights, IL 60005	
City	/State and Zip code
srobinson@pathec.com	,
E-mail address: (to b	oe used for future annual report notification)
For further information concerning this matter, p	please call:
Sam Robinson at (84	7 3987100
	rea Code Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPART: \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & S87 50 Filing Fee

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.

N/A	Habbara 19 Ca	
(1) hang unava	nable in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)
Delaware		814539129
(State or coun	try under the law of which it is incorporated)	814539129 (FEI number, if applicable) -
11/29/2016		(Date of duration, if other than perpetual)
(Dar	e of incorporation)	(Date of duration, if other than perpetual)
N/A 	(Date first transacted business in	•
Same	(Current mailing	g address, if different)
Name and street	et address of Florida registered agent: (P.O.	Box NOT acceptable)
Name:	Corporation Service Company	
fice Address:	1201 Hays Street	 - _
	Tallahassee	Florida 32301
	(City)	(Zip code)
	nt's acceptance:	of process for the above stated corporation at the place

Fourel Betsch
(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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS □Chairman Name: _____ Name: _____ □ Chairman □Vice Chairman Address: ☐ Vice Chairman Address: ☐ Director □Director Matthew Johnson - 125 E Algorquin Rd President □ President Artington Heraus IL 60005 Dvice President □Vice President TODA Steffen Treasurer 125 E Algorquin Mascrelary Arlington Heights, IL 60005 ☐Treasurer □Other ____ Other ____ □Other ______ □ Chairman Name: _____ □ Chairman Name: _____ []Vice Chairman Address: □Vice Chairman Address: **ElDirector** □ Director □President **DPresident** ____ □Vice President ☐Vice President □ Secretary []Treasurer ☐ Secretary **ElTreasurer** Other _____ □Other _____ Other____ □Other _____ Name: _____ □ Chairman □ Chairman Name: _____ □Vice Chainnan Address: _____ ☐ Vice Chairman Address: □ Director □ Director --<u>--</u>--<u>--</u> □ President □President □Vice President ._____ ☐ Vice President ☐ Secretary □Treasurer □ Secretary []Treasurer Other _____ □Other _____ ①Other _____ □Other _____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. Signature of Director or Officer The officer or director signing this 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, Matthew Johnson

(Typed or printed name and capacity of person signing application)



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "PATH CONSTRUCTION NORTHEAST, INC." IS

DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF AUGUST,

A.D. 2020.

Authentication: 203494551

Date: 08-18-20