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OCT 4 2022 M. SOLOMON

## **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT: ASDMIT SUSTEMS ONLY INC.  Name of corporation - must include suffix					
Dear Sir or Madam:					
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to reg above referenced foreign corporation to transact business in Florida.					
Please return all correspondence concerning this matter to the following:  MidMel J. Felsthick					
Name of Person					
HSPINALT SYSTEMS UNIO, INC.					
Firm/Company  ANDU FAIR VI.	3 (*				
Address	3- T.				
Sidney (1H 423105)					
City/State and Zip code  () Y \ S + a \ D \ O S   - Y \ O a \ S \ . \ O M	200 ST				
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:	· · · · · · · · · · · · · · · · · · ·				
Crystal Reynolds at 1937, 498.9803					
Name of Person Area Code Daytime Telephone Numbe	r				
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					
Certificate of Status Certified Copy Certifi	Filing Fee. cate of Status & ied 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.

(Enter name of c	orporation: must include "INCORPORATED." "Corp.," "Inc.," "Co.," or "Corp.")	COMPANY," "CORPORATION,"	-
(If name unavail	able in Florida, enter alternate corporate name adop	pted for the purpose of transacting business in Florida)	-
Ohio			
03/0	y under the law of which it is incorporated)  2 119910 5		-
(Date	of incorporation) 5.	(Date of duration, if other than perpetual)	-
78. Name and street	(Principal office s	F.S., to determine penalty liability)  treet address)  Idress, if different)	2022 SEP 29 AI
Office Address:	7901 4th St N STE 300		An
	St. Petersburg (City)	, Florida 33702	8
designated in this further agree to c and I am familiar	ed as registered agent and to accept service of application, I hereby accept the appointment	of process for the above stated corporation at the past as registered agent and agree to act in this capa wive to the proper and complete performance of mapon as registered agent.	city. I

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.

(Registered agent's signature)

A. DIRECTORS	00.1						
□Chairman	Name: MICME J. HEISTHILL	□ Chairman	Name:				
□ Vice Chairman	Address: 0000 fall Vd.	□Vice Chairman	Address:				
□Director	Sidney (H 49309	□Director					
President		□President					
, -		□Vice President					
□Secretary	Treasurer	☐ Secretary	□Treasurer				
□Other	Other	□Other	Other				
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director					
□President	<del></del>	□President					
□Vice President		□Vice President					
☐ Secretary	□Treasurer	□ Secretary	OTreasurer 200				
Other	Other	□Other					
			29 29				
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director	<u> </u>				
□President		□President					
□ Vice President		□Vice President					
☐ Secretary	□Treasurer	□ Secretary	□Treasurer				
□Other	□Other	Other	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.  12. Signature of Director or Officer							
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.							
13. MICHAEL J. FLEISTHLEE  (Typed or printed name and capacity of person signing application)							

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

I, Frank LaRose, 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 business entities; that said records show ASPHALT SYSTEMS OHIO, INC., an Ohio corporation, Charter No. 928249, having its principal location in Sidney, County of Shelby, was incorporated on January 3, 1996 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 29th day of August, A.D. 2022.

Ohio Secretary of State

L Joban

Validation Number: 202224104514



September 15, 2022

MICHAEL J. FREISTHLER ASPHALT SYSTEMS OHIO, INC. 2506 FAIR RD. SIDNEY, OH 49365

SUBJECT: ASPHALT SYSTEMS OHIO INC.

Ref. Number: W22000117593

We have received your document for ASPHALT SYSTEMS OHIO INC. and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Missing Officer/Director page. Must list at least 1 officer/director.

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

Mel Solomon Senior Section Administrator

> RECEIVED SEP 29 2021

Letter Number: 822A00020614