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Office Use Only



08/14/23--01002--014 **78.75





COVER LETTER

TO: **Registration Section Division of Corporations**

Crican Asphalt Sealing Inc. Name of corporation - must include suffix SUBJECT:

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Gerard A Nevarce Firm/Company 1969 E Seltice Way, Ast Fult, ID Address fost = Falls = FbCity/State and Zip code E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gerard A. Nevater at (20%) 415-8170 Name of Person Area 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 DEPARTMENT OF STATE □ \$70.00 Filing Fee □ \$78.75 Filing Fee & □ \$78.75 Filing Fee & Certificate of Status 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.

1. <u>American</u> Asphalit (Enter name of corporation: must include "Inc.," "Co.," "Corp." "Inc," "Co," or "Cor	'p.")					
American Aspha 14 (If name unavailable in Florida, enter alter	nate corporate name ad	lopted for the purpose of	transacting busine	ess in Flo	orida)	
2. <u>Idaho</u> (State or country under the law of which	3	90-124	13542			
_						
4(Date of incorporation)			n, if other than per	petual)		
6	08/14/			<u> </u>		
		Florida, if prior to registr 2, F.S., to determine pen				
7. 1641 w	Soltice	Way Post	Fulls ID	\$39	<u> 54</u>	
						11-
i D	(Current mailing	address, if different)	Ţb	5	<u> </u>	54
8. Name and street address of Florida reg	istered agent: (P.O.	Box <u>NOT</u> acceptable)	ł	, 1	202	
Name: Gerard	ANevarce	·			1073 AUG 14] n t
Office Address: <u>200 5 F</u>	\$ 2.nd				Ļ Ļ	, 100 1
		/c. Florida <u>3330 (</u> (Zip coc	le)		PH 12: 11	
9. Registered agent's acceptance: Having been named as registered agent a						

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.

A. DIRECTORS

□Chairman	Name: Gerard A Nevarez	□Chairman	Name: Mich ne! Hockman
□Vice Chairman	Address: 1869 F Scitice	□Vice Chairman	Address: 1869 E Settice
Director	Way 387	Director	Way 3\$7
President	Post Falb, IP	□President	Post Fulle ID
	83854	Kice President	
Secretary	Treasurer	OSecretary	
□Other	Other	D0ther	Other
□Chairman	Name:	□Chairman	Name:
⊡Vice Chairman	Address:	□Vice Chairman	Address:
Director		Director	<u> </u>
□President		□President	
□Vice President		□Vice President	
□Sceretary	Treasurer	Secretary	Treasurer
Other	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	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 _

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.

(serard A Nevarez (Typed or printed name and capacity of person signing application) 13. _



Certificate of Existence

I, Phil McGrane, Secretary of State of the State of Idaho, do hereby certify that effective as of the issuance date noted above

AMERICAN ASPHALT SEALING, INC

is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above.

Phil McGrane Idaho Secretary of State

Processed By: Business Division

Verification #: 024897332