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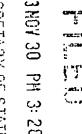
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SECRETARY OF STATE
TALLAHASSEE, FL





COVER LETTER

	Division of Corporations						
SUBJEC	T: Pine State Asphalt INC						
Name of corporation - must include suffix							
Dear Sir o	r Madam:						
"Certificat	sed "Application by Foreign Conte of Existence," or "Certificate erenced foreign corporation to tra	of Good Stan	ding" and check are sub				
Please reti	ırn all correspondence concernir	ng this matter	to the following:				
Gregory A	ucoin						
		Name of	Person				
Pine State	Asphalt INC						
	,	Firm/Com	pany				
20 Arrowh	ead Pass						
		Addre	:SS				
Windham l	Maine 04062						
		City/State a	nd Zip code				
PineStateA	sphalt@gmail.com						
	E-mail address:	(to be used f	or future annual report r	notification)			
For furthe	r information concerning this ma	atter, please c	all:				
Gregory Aucoin		207 at (292-1336				
N	lame of Person	Area Code	Daytime Telepl	hone Number			
STREET/COURTER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			Registration S Division of Co P.O. Box 6321	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Please mak	is a check for the following amore check payable to: FLORIDA DE Filing Fee	PARTMENT	OF STATE] \$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

(H) name unavail.	she in Fhirida, enter oftennie, tagnarate name	adopted for the purpose of transacting business in Horida).				
Maine	and are wrong controlled the composite frame.	second for the purpose of transacting business in Florida)				
	3. y under the law of which it is incorporated)	(FEI number, if applicable)				
		[
(Date	of incorporation)	(Date of duration, if other than perpetual)				
		Florida, if prior to registration) 02, F.S., to determine penalty liability)				
20 Arrowbead Pa-	S Windham Maine 04062					
	(Principal atti	re <u>street</u> address)				
		g address, if different)				
Name and <u>stree</u> Name:		g address, if different)				
Name:	(Current mailing) t address of Florida registered agent: (P.O	g address, if different) . Box <u>XOT</u> acceptable)				
Name:	(Current mailing t address of Florida registered agent: (P.O) lettrey S Olson I I C	g address, if different) . Box <u>XOT</u> acceptable)				
	(Current mailing) t address of Florida registered agent: (P.O.) lettrey S Olson I I C. 1405 Linhart Ave	g address, if different) . Box NOT acceptable) TALLE				

(1). For initial indexing purposes, fist names, titles and addresses of the primary officers and or directors [op to six (6) total].

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the pursoiction

A. DIRECTORS								
□Chairman	Name: Gregory Aucoin 20 Arrowhead Pass Address: Windham ME 04062		□Chairman □Vice Chairman □Director	Name: 220 Davis Rd Address: Lyman ME 04002				
□Vice Chairman								
□Director								
President			□President					
□ Vice President		<u> </u>	■Vice President					
□Secretary	□Treasur	er	□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	□Treasur	er	Secretary		□Treasurer			
□Other	Other_	<u>-</u>	□Other		□Other			
□Chairman	Name:		□Chairman	Name:				
□ Vice Chairman	Address:		□Vice Chairman	Address:				
□Director			□Director					
□President			□President					
□Vice President			□Vice President		<u></u>			
Secretary	□Treasur	er	□Secretary		□Treasurer			
Other	Other_		□Other		Other			
Important Notice: Use an atterhment 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 fisted 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. Gregory Aud	oin							

State of Maine



Department of the Secretary of State

I, the Secretary of State of Maine, certify that according to the provisions of the Constitution and Laws of the State of Maine, the Department of the Secretary of State is the legal custodian of the Great Seal of the State of Maine which is hereunto affixed and of the reports of organization, amendment and dissolution of corporations and annual reports filed by the same.

I further certify that PINE STATE ASPHALT INC is a duly organized business corporation under the laws of the State of Maine and that the date of incorporation is April 29, 2022.

I further certify that on:

April 29, 2022 ARTICLES OF INCORPORATION were filed.

No further amendments have been filed to date.

I further certify that said business corporation has filed annual reports due to this Department, and that no action is now pending by or on behalf of the State of Maine to forfeit the charter and that according to the records in the Department of the Secretary of State, said corporation is a legally existing business corporation in good standing under the laws of the State of Maine at the present time.



In testimony whereof, I have caused the Great Seal of the State of Maine to be hereunto affixed. Given under my hand at Augusta, Maine, this twenty-seventh day of November 2023.

Shenna Bellows
Secretary of State