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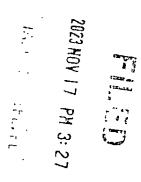
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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Blacktop S	<u>ecialists.</u> Corporation - mus	Inc.	
/ Name o	corporation - mus	i include surrix	
Dear Sir or Madam:			
The enclosed "Application by Foreign Cor "Certificate of Existence." or "Certificate of above referenced foreign corporation to tra	of Good Standing"	and check are subm	Business in Florida." itted to register the
Please return all correspondence concerning			
Ursula Bell_ Blacktop Special	Name of Person) }	
- Diachtap special	Firm/Company	·	
Boardman, OH	d C-4		
Boardman, OH	44512		
Uroula bell @ blac E-mail address:	City/State and Zip KLOINCE (to be used for fut	code MSN, COX ure annual report no	tification)
For further information concerning this ma	itter, please call:		
Uroula Bell Name of Person	at (<u>330</u>) Area Code	7 <i>16–4442</i> Daytime Telepho	
STREET/COURIER ADDRESS Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	3:	MAILING AD Registration Set Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations
Enclosed is a check for the following amo Please make check payable to: FLORIDA DE	unt: .PARTMENT OF S	TATE	
□ \$70.00 Filing Fee \$\square \precests \pre	g Fee & 🔻 🗆 \$78.	75 Filing Fee & iffied Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy
			RECEIVED

NOV 1 5 2023

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. Blackton Specialists, Inc.
(Enter name of corporation; must include "INCORPORATED." "COMPANY," "CORPORATION." "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") DSI-Florida, Inc.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 2. Ohio
(State or country under the law of which it is incorporated)
(FEI number, if applicable) 4. October 7, 1991 5. (Date of incorporation) 5. (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 7301 West Blvd C-4 Boardman, OH 44512

(Principal office street address)

P.D. Box 14058 Poland, OH 44514

(Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Edward Pannutti

178 Baton Ave

Spring Hill . Florida 34606
(City) (Zip code) Edward Pannutti Name: Office Address: 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.

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 Name: Anthony J. Bell Name: _____ □Chairman ☐ Chairman Vice Chairman Address: 7301 West Blvd □ Vice Chairman Address: _______ Suite C-4 □ Director □Director Boardman, DH 44512 28 President □President ☐ Vice President ☐ Vice President ☐ Treasurer □ Secretary □ Secretary ☐ Treasurer □Other _____ □Other _____ □Other _____ _ Name: Ussula Bell Name: _____ □Chairman □ Chairman □ Vice Chairman Address: □ Director □ Director Bourdman, OH 44512 □President □ President ☐ Vice President □ Vice President ☐ Treasurer Secretary 8 □Treasurer □ Secretary □Other _____ □Other _____ □Other _____ □Other ______ □ Chairman Name: ______ Name: _____ □ Chairman □ Vice Chairman Address: □ Vice Chairman Address: ______ □Director □ Director □President □President □Vice President □ Vice President ☐ Treasurer □Treasurer □ Secretary □ Secretary □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. with

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 \$.817.155, F.S.

13. Anthony J. Bell Plesident
(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 BLACKTOP SPECIALISTS, INC., an Ohio corporation, Charter No. 804760, having its principal location in Youngstown, County of Mahoning, was incorporated on October 7, 1991 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 3rd day of November, A.D. 2023.

Ohio Secretary of State

Ful flow

Validation Number: 202330703102