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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee. FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195	
REFERENCE : 199531 730	63976
AUTHORIZATION : Spelle Blen	<i>?R</i> → J
COST LIMIT : \$ 125.0	
ORDER DATE : May 8, 2018	
ORDER TIME : 9:47 AM	
ORDER NO. : 199531-005	- 1
CUSTOMER NO: 7363976	22 71
FOREIGN FILINGS	
	-
NAME: SUPERIOR PERFORMANCE SURFACING, LLC	7
XXXX QUALIFICATION (TYPE: <u>LL</u>)	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING	
CONTACT PERSON: Roxanne Turner EXT# 62969	

EXAMINER:

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Massachusetts Gurisdiction under the law of which 05/15/2018 65 Green St (Street Address of Prince Foxboro, MA 02035	foreign limited liability company is organized) (Date first transacted business in Florida, if prior (See sections 605.0904 & 605.0905, F.S. to deter	3. 82-3518012	le "Limited Liability Company," "L.L.C," or "LLC." (FEI number, if applicable)
(Jurisdiction under the law of which 05/15/2018 65 Green St (Street Address of Prince)	foreign limited liability company is organized)	3. 82-3518012	
65 Green St (Street Address of France)	(Date from temperate)		(FEI number, if applicable)
65 Green St (Street Address of Prince	(Date from temperate)	10 registration	(FEI mimber, if applicable)
65 Green St (Street Address of Prince	(Date first transacted business in Florida, if prior (See sections 605.0904 & 605.0905, F.S. to deter	To registration)	
(Street Address of Prince	(Date hist transacted business in Florida, if prior (See sections 605,0904 & 605,0905, F.S. to deter	'to revisitation)	
(Street Address of Prince		mene negative habitation	
POSDOTO MAR 137025	ipal Office)	6. 65 Green St.	A1.
- 1100to, MM 02033		Foxbora, MA 020	(Meiling Address)
			
Name and street address of	F Elmida		
	f Florida registered agent: (P.O. Bo	x NOT acceptable)	
Name: C	orporation Service Company		
			
Office Address: 12	01 Hays Street		
T:	illahassee		> 22
		, Florida <u>32</u>	2301 🕮 🚎
gistered agent's acceptant	·ρ·		(Zip code)
uccept the obligations of t Co	of all statutes relative to the proper my position as registered agent, rporatidy Services Company	process for the above states as registered agent and agree and complete performance	d limited liability company at the place to act in this capacity. I further a e of my duties, and I amfamiliary
a accept the obligations of t	of all statutes relative to the proper my position as registered agent, rporatide genyice company	r and complete performance	e of my duties, and I am familiar m ROXATING TUIT
u accept the obligations of t Co By	of all statutes relative to the proper my position as registered agent. rporation genvice company (Registered agent's	r and complete performance	e of my duties, and I am:familiar was Roxanne Turr Asst. Vice Presi
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u accept the obligations of t Co By	of all statutes relative to the proper my position as registered agent, rporatide genyice company	r and complete performance signature) as/have authority to manage	Roxanne Turr Asst. Vice Presi
Co By: The name, title or capacity	of all statutes relative to the proper my position as registered agent. rporation enviced on party (Registered agent's and address of the person(s) who ha Name and Address:	as/have authority to manage Title or Capacity:	e of my duties, and I am:familiar was Roxanne Turr Asst. Vice Presi
The name, title or capacity Title or Capacity:	of all statutes relative to the proper my position as registered agent. rporatidn Pervice Company (Registered agent's and address of the person(s) who ha Name and Address: Justin Perreault	r and complete performance signature) as/have authority to manage	Roxanne Turr Asst. Vice Presi
The name, title or capacity Title or Capacity:	of all statutes relative to the proper my position as registered agent. (Registered agent's and address of the person(s) who has Name and Address: Justin Perreault 65 Green St	as/have authority to manage Title or Capacity:	ROXATINE TUIT ASST. Vice Presi is/are: Name and Address: Dominic Simonetti 65 Green St
The name, title or capacity Title or Capacity:	of all statutes relative to the proper my position as registered agent. rporatidn Pervice Company (Registered agent's and address of the person(s) who ha Name and Address: Justin Perreault	as/have authority to manage Title or Capacity:	ROXATINE TUIT ASST. Vice Presi is/are: Name and Address: Dominic Simonetti
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The name, title or capacity Title or Capacity: Member	of all statutes relative to the proper my position as registered agent. (Registered agent) and address of the person(s) who ha Name and Address: Justin Perreault 65 Green St Foxboro, MA 02035 Kenneth Flake 305 Lakefront Drive	as/have authority to manage Title or Capacity:	ROXATINE TUIT Asst. Vice Presi is/are: Name and Address: Dominic Simonetti 65 Green St Foxboro, MA 02035 James Sullivan
The name, title or capacity Title or Capacity: Member	of all statutes relative to the proper my position as registered agent. (Registered agent) and address of the person(s) who ha Name and Address: Justin Perreault 65 Green St Foxboro, MA 02035	r and complete performance Regnahre) as/have authority to manage Title or Capacity: Member	is/are: Name and Address: Dominic Simonetti 65 Green St Foxboro, MA 02035

Typed or printed name of signee



The Commonwealth of Massachusetts Secretary of the Commonwealth State House. Boston, Massachusetts 02133

May 8, 2018

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

SUPERIOR PERFORMANCE SURFACING, LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on November 27, 2017.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation or withdrawal; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: DOMINIC A SIMONETTI, CHAD BURKS, KENNETH FLAKE, JAMES SULLIVAN, JUSTIN PERREAULT

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: DOMINIC A SIMONETTI, CHAD BURKS, KENNETH FLAKE, JAMES SULLIVAN, JUSTIN PERREAULT

The names of all persons authorized to act with respect to real property listed in the most recent filing are: JAMES SULLIVAN, JUSTIN PERREAULT

In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

William Tranino Galicin

