

M19000006059

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

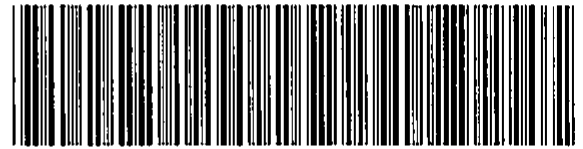
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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19 JUN 21 PM 5:16
STATE OF FLORIDA
TALLAHASSEE

B KINSEY
JUN 21 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 4, 2019

ANGELA GILLILAND
3604 WATERFIELD PKWY, STE 101
LAKELAND, FL 33803

SUBJECT: PERFORMANCE PAVING SEALCOATING AND MAINTENANCE
LLC
Ref. Number: W19000053687

We have received your document for PERFORMANCE PAVING SEALCOATING AND MAINTENANCE LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 519A00011178

RECEIVED

JUN 19 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Performance Paving Sealcoating & Maintenance, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Angela Gilliland

Name of Person

Performance Paving Sealcoating & Maintenance, LLC

Firm/Company

3604 Waterfield Parkway Suite 101

Address

Lakeland FL 33803

City/State and Zip Code

angela@p2paving.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angela Gilliland

574

524-0167

Name of Contact Person

at (_____) _____
Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☒ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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TALLAHASSEE
FLORIDA
JUN 21 1999

19 JUN 21 PM 5:15

**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:

1. Performance Paving Sealcoating & Maintenance, LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC")

Performance Paving, LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Indiana

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 82-1967148

(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability)

5. 3604 Waterfield Parkway

(Street Address of Principal Office)

6. 3604 Waterfield Parkway

(Mailing Address)

Suite 101

Suite 101

Lakeland FL 33803

Lakeland FL 33803

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Angela Gilliland

Office Address: 3604 Waterfield Parkway Suite 101

Lakeland, Florida 33803
(City) (Zip code)

19 JUN 21 PM 5:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

Angela Gilliland
(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

☒ Manager Name: Angela Gilliland
☒ Member Address: 3604 Waterfield Parkway
☐ Authorized Suite 101
Person Lakeland FL 33803
☐ Other ☐ Other

☐ Manager Name: Steven Gilliland
☒ Member Address: 3604 Waterfield Parkway
☐ Authorized Suite 101
Person Lakeland FL 33803
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other ☐ Other

Title or Capacity: **Name and Address:**

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other ☐ Other

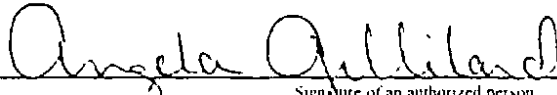
☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ 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.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.


Signature of an authorized person

Angela Gilliland
Typed or printed name of signer

19 JUN 21 PM 5:15
STATE DEPT. OF STATE
TALLAHASSEE, FLORIDA

State of Indiana
Office of the Secretary of State

Certificate of Existence

To Whom These Presents Come, Greeting:

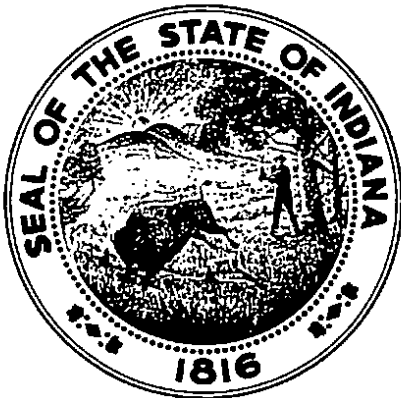
I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

PERFORMANCE PAVING SEALCOATING & MAINTENANCE, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on June 23, 2017, and was in existence or authorized to transact business in the State of Indiana on June 17, 2019.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, June 17, 2019

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

201706231201781 / 20191006820

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on July 17, 2019.