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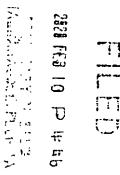
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	egistration Section ivision of Corporations				<b>;</b>
	Bill's Pavi	ng LLC		ĩ	
SUBJECT	:	Name of Limi	ted Liability C	ompany	
					Business in Florida," Certificate of pany to transact business in Florida.
Please retu	rn all correspondence co	ncerning this matter to the follo	owing:		
	William	Riley			
		Name	of Person		
	Bill's Pa	iving			
		Firm/C	Company	<del></del>	
	3211 Vi	neland Dr.			
		Ac	dress		<del> </del>
	Kissimn	nee,FL 34746			
		City/State	and Zip Code	•	
	billspavi	ng@gmail.com			
		E-mail address: (to be used for	future annual	report notificat	ion)
For further	information concerning	this matter, please call:			
V	Villiam Rile	<u>y</u> aı	<sub>,</sub> 419	ຸ573-3	881
	Name of	Contact Person	Area Code	Daytime '	Telephone Number
D R P.	ivision of Corporations egistration Section O. Box 6327 allahassee, FL 32314			STREET ADI Division of Co Registration Se Clifton Buildir 2661 Executive Tallahassee, Fl	rporations ection og e Center Circle
	nclosed is a check for the	: following amount: e to: FLORIDA DEPARTME	NT OF STAT	E	
_	S125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	☐ \$155.00	Filing Fee & ed Copy	\$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE BYTH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 」Bill's Paving 人上C (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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.") Jurisdiction under the law of which foreign limited hability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 2771 W Three-mile Crossing P. O. Box 285
(Mailing Address) 5. (Street Address of Principal Office) Port Clinton, Oh 43452 Port Clinton, Oh 43452 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Registered Agents Inc. Name: 7901 4th St N STE 300 Office Address: St. Petersburg 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.

(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: Name and Address: Title or Capacity: Name: William Riley Manager Manager Name: Address: PO Box 285 Member Member Address: \_\_\_\_\_ Port Clinton, OH 43452 Authorized Authorized Person Person Other Other\_ Other\_\_\_\_ Other\_\_ Name: William Riley Jr Manager Manager Manager Address: PO Box 285 Member ☐ Member Address: Port Clinton, OH 43452 Authorized Authorized Person Person Other [\_]Other Other Other Name: Noah Riley Manager Manager Address: PO Box 285 Member | Member | Address: Port Clinton, OH 43452 Authorized Authorized Person Person Other\_\_\_\_ Other\_\_\_\_ Other Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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.



DOCUMENT ID 05/22/2012 201214200953

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JAMES W. MCGRAW & ASSOC., LLC JIMMY MCGRAW 13012 JUSTICE AVE BATON ROUGE, LA 70816

## STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted

2108629

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

**BILL'S PAVING LLC** 

and, that said business records show the filing and recording of:

Document(s)

Document No(s):

ARTICLES OF ORGNZTN/DOM. PROFIT LIM.LIAB. CO.

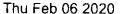
201214200953



United States of America State of Ohio Office of the Secretary of State

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 17th day of May, A.D. 2012.

Ohio Secretary of State





Entity#:

2108629

Filing Type:

DOMESTIC LIMITED LIABILITY COMPANY

**Original Filing Date:** 

05/17/2012

Location:

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**Business Name:** 

**BILL'S PAVING LLC** 

Status:

Active

Exp. Date:

## **Agent/Registrant Information**

VILLIAM D. RILEY
O BOX 285
ORT CLINTON OH 43452
5/17/2012
ctive

# ncorporator/Associate/Partner Information

LLIAM D. RILEY

#### ilings

ng Type	Date of Filing	Document ID	
FICLES OF ORGNZTN/DOM. PROFIT LIM.LIAB. CO.	05/17/2012	201214200953	_



#### UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF SECRETARY OF STATE

I, Frank LaRose, Secretary of State of the State of Ohio, do hereby certify that this is a list of all records approved on this business entity and in the custody of the Secretary of State.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 6th of February, A.D. 2020

Ohio Secretary of State

Fred flore