

**M23000003711**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.  
Account Number : 110432003053  
Phone : (561)694-8107  
Fax Number : (561)214-8442

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

**Foreign Limited Liability Company  
Pavement Solutions, LLC**

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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. PAVEMENT SOLUTIONS, LLC

1. \_\_\_\_\_  
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLC")

7617 Ackerman, LLC

(If name not available, enter alternative name adopted for the purpose of transacting business in Florida. The alternative name must include "Limited Liability Company," "LLC," or "LLC")

ILLINOIS

2. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(FBI 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. 7617 IL ROUTE 31  
(Street Address of Principal Office)

6. 7617 IL ROUTE 31  
(Mailing Address)

RICHMOND, IL 600710000  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RICHMOND, IL 600710000  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Name: Corporate Creations Network Inc.  
\_\_\_\_\_  
\_\_\_\_\_

Office Address: 801 US Highway 1  
\_\_\_\_\_  
\_\_\_\_\_

North Palm Beach  
\_\_\_\_\_  
(City) Florida  
\_\_\_\_\_  
(Zip code)

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RECD

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.

Glenda Wernikoff Glenda Wernikoff, Special Secretary  
(Registered agent's signature)

**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. PAVEMENT SOLUTIONS, LLC**

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

**ILLINOIS**

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

**3. \_\_\_\_\_**

(FBI 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. **7617 IL ROUTE 31**

(Street Address of Principal Office)

RICHMOND, IL 600710000

**7617 IL ROUTE 31**

(Mailing Address)

RICHMOND, IL 600710000

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

Name: **Corporate Creations Network Inc.**

Office Address: **801 US Highway 1**

**North Palm Beach** **33408**  
(City) **Florida** **(Zip code)**

**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.*

Glenda Wernikoff

Glenda Wernikoff, Special Secretary

(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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>ADAM ACKERMAN</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>7617 IL ROUTE 31</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>RICHMOND, IL 600710000</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
 <input type="checkbox"/> Member	Address: _____	 <input type="checkbox"/> Member	Address: _____
 <input type="checkbox"/> Authorized	_____	 <input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
 <input type="checkbox"/> Other _____	 <input type="checkbox"/> Other _____	 <input type="checkbox"/> Other _____	 <input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
 <input type="checkbox"/> Member	Address: _____	 <input type="checkbox"/> Member	Address: _____
 <input type="checkbox"/> Authorized	_____	 <input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
 <input type="checkbox"/> Other _____	 <input type="checkbox"/> Other _____	 <input type="checkbox"/> Other _____	 <input type="checkbox"/> 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.

Glenda Wernikoff

Signature of an authorized person

File Number

1082718-3



***To all to whom these Presents Shall Come, Greeting:***

*I, Alexi Giannoulias, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

*PAVEMENT SOLUTIONS, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON SEPTEMBER 01, 2021, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.*

***In Testimony Whereof, I hereto set  
my hand and cause to be affixed the Great Seal of  
the State of Illinois, this 21ST  
day of MARCH A.D. 2023.***

