Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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 Williamson & Son Paving LLC

Certificate of Status	0
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Estimated Charge	\$125.00



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K. Brumbley

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:

(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 Flo	orida. The alternate name must include "Limited	Liability Company, "L.L.C," or "LLC,")			
Rhode Island	Rhode Island		3. 86-1877871			
(Jurisdiction under the law of which foreign lumited liability company is organized)		(FEI m	(FEI number, 1/applicable)			
*	(Date lirst transacted business in Florida, if prior to i (See sections 605 0904 & 605 0905, F.S. to determine	egistratism) ne penalty liability)	······································			
7901 4th St N STE 300		7901 4th St N STE 300				
treet Address of Principal Office)		(Mailing Address)				
St. Petersburg FL 3370	o2	St. Petersburg FL 33702				
. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)	7023 NOV 30			
Name:	Registered Agents Inc					
Office Address:	7901 4th St N STE 300		AN 10: 57			
	St. Petersburg	, Florida <u>33702</u>				
	(Cn) }	(Zip code)	l			

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.



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:	Title or Capacit	t <u>v:</u>	Name and Address:
□Manager	Name:	□Manager	Name:	
⊠ Member	Address:	□Member	Address: _	
□Authorized	7901 4th St N STE 300	□Authorized		
Person	St. Petersburg FL 33702	Person	-	<u> </u>
Other	Other	□ Other	·	□ Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□ Authorized		
Person		Person		
□Other	□ Other	□Other	· · · · · · · · · · · · · · · · · · ·	□Other
∐Manager	Name:	∐Manager	Name:	
□Member	Address:	□Member	Address: _	
□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. 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.

Robins	9-10 124	
	/ Signature of an authorized person	
Robin Jones		
	Exped or printed name of signee	

Fax: 8134365206

State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, Secretary of State

CERTIFICATE OF GOOD STANDING

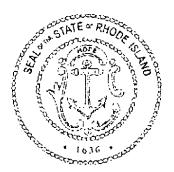
I, Gregg M. Amore, Secretary of State and custodian of the seal and corporate records of the State of Rhode Island, hereby certify that:

WILLIAMSON & SON PAVING LLC

is a Rhode Island Limited Liability Company organized on February 04, 2021.

I further certify that revocation proceedings are not pending; articles of dissolution have not been filed; all annual reports are of record and the company is active and in good standing with this office.

This certificate is not to be considered as a notice of the company's tax status, financial condition or business practices; such information is not available from this office.



SIGNED and SEALED on

Etjuys M Came

November 29, 2023

Secretary of State