Division of Corporations



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(((H09000020763 3)))

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From:

Account Name : CORPDIRECT AGENTS, INC.

Account Number : 110450000714 Phone : (850)222-1173

Fax Number : (850)224-1640 -After withdrawal of

Clayton Services Group, Inc

000173.9841

### FLORIDA/FOREIGN LIMITED LIABILITY CO.

lofi

CONNECTICUT CLAYTON SERVICES LLC

Certificate of Status	0
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To: FL Dept. of State Subject: 000473.98464

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# WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify that we are the Managers and/or Managing
Members of Clayton Services LLC
(Name of Limited Liability Company)
a limited liability company duly organized and existing under the laws of
Delaware
(State or Country of Organization)
Because the name of this foreign limited liability company does not satisfy the
requirements of the s. 608.406, F.S., the limited liability company hereby adopts the
following name to transact business in the state of Florida:
Connecticut Clayton Services LLC
(Name to be used by limited liability company in Florida. NOTE: Name must end with Limited Liability Company, L.L.C., or LLC.)
Date: 1-26-09
Signature(s) of Manager(s) and/or Managing Member(s):
Steven Cohen
Aly Coher

CR2E122 (7/07)

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREXIN LIMITED LIMITATION OF ANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	Clayton Services LLC		<del>-</del>
	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L	LC.")	
ã	Connecticut Clayton Services LLC  [same unavailable, enter alternate name adopted for the purpose of transacting business in Florida and anach a c	one of the	u walna
CO	ensent of the managers or managing members adopting the alternate name. The alternate name must include "Lin ompany," "L.L.C.," "LLC")	ited Liabi	lky
2.	Delaware 3.		
	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	_1_	-
4.	06/25/2004 5. Perpetual	产贸	99
	(Date of Organization) (Duration: Year limited liability company will exist or "perpetual")	cease to	
6.		TAS.	29
v,	(Date first transacted business in Florida, if prior to registration.) (See sections 608.50) & 608.502 F.S. to determine penalty liability)	<u> </u>	-
_	2 Corporate Drive, 8th Floor	77	至
7.		- (/) 	••
	Shelton, CT 06484 (Street Address of Pringing Office)	PA	23
	·	<b>**</b>	
8.	If limited liability company is a manager-managed company, check here		
9.	The name and usual business addresses of the managing members or managers are as follow	s:	
	Clayton Holdings LLC - Sole Member	, <u>, .</u> ,	<b>.</b>
	2 Corporate Drive, 8th Floor		-
	Shelton, CT 06484		
tre tre	<ul> <li>Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having our sjurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign lay relation of the certificate under eath of the translator must be submitted.)</li> <li>Nature of business or purposes to be conducted or promoted in Florida:</li> </ul>	aguage, a stody of ro	cords in
	Consulting	•	-
	Outodining (1)	<del></del>	•
	La coe		
	Signature of a member or an authorized representative of a member. (In accordance with section 603.403(3), F.S., the execution of this document constitutes		
	en affirmation under the penalties of perjury that the facts stated herein are true.)  Steven Cohen, Secretary of Sole Member Clayton Holdings, LLC		
	Typed or printed name of signee		

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# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of	he Limited Liability Company Is:	
Clayton Se	rvices, LLC	·
If name unavails	blo, the alternate name to be used in the state of Florida is:	
Connecticu	t Clayton Services LLC	
2. The name and	the Florida street address of the registered agent and office are:	TARE SO T
	NRAI Services, Inc	JAN 29
•	(Name)	PSS 29
	2731 Executive Park Drive, Suite 4	AS E
·	Florida Street Address (P.O. Box NOT ACCEPTABLE)	FLST on
	Weston, FL 33331	23
	City/State/Zip	

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Gabriel Hughes, Assistant Secretary

(Signature)

\$ 100.00 Piling Fee for Application

S 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

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DAGE 1

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAMARE, DO HEREBY CERTIFY "CLAYTON SERVICES LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF JANUARY, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CLAYTON SERVICES LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF JUNE, A.D. 2004.

AND I DO BEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

3821510 8300

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You may varify this certificate onlis

jeffrey W. Bullock, Socretary of State

DATE: 01-22-09