F0500000 3047

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
W05-16165 637,734				

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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 21, 2005

ROBIN VALLE CLAYTON SERVICES, INC. 2 CORPORATE DRIVE SHELTON, CT 06484

SUBJECT: CLAYTON SERVICES, INC. Ref. Number: W05000016165

We have received your document for CLAYTON SERVICES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$1,150.00.

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

If you have any questions concerning the filing of your document, please (850) 245-6890.

Jason Merrick Document Specialist

Letter Number: 905A0002163



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

March 30, 2005

ROBIN VALLE 2 CORPORATE DR. SHELTON, CT 06484

SUBJECT: CLAYTON SERVICES, INC. Ref. Number: W05000016165

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Please return your document, along with a copy of this letter, within 60 pays or your filing will be considered abandoned. If you have any questions concerning the filing of your document, please and the f

TRANSMITTAL LETTER

TO: Registration Section

Division of Corporations

SUBJECT: _____ Clayton Services, Inc. (Name of corporation - must include suffix)

Dear Sir or Madam:

, ' , .

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Kobin Valle	
	e of Person)
Clayton Servi	as, Inc. Company)
(Firm/	Company)
2 Corporate	GV.
(A	
(A Shelton, CT	OUV84
	te and Zip code)
For further information concerning this matter, pleas	se call: 13) 9 26-5655
(Name of Person) at (20 (Are	23) 926-5655 ea Code & Daytime Telephone Number
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St.	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

409 E. Gaines St. Tallahassee, FL 32399

Enclosed is a check for the following amount:

□ \$70.00 Filing Fee

Certificate of Status

Certified Copy

Tallahassee, FL 32314

\$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. (layton Services, Inc			
(Enter name of c "Inc.," "Co.," "Co	orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	D," "COMPANY	," "CORPORATION,"	
	Clayton Services Group	· · · · · · · · · · · · · · · · · · ·		
(If name unavaila	able in Florida, enter alternate corporate na	ne adopted for the	purpose of transacting bu	isiness in Florida)
2 D	elaure	3	15-3141447	
(State or country	under the law of which it is incorporated)		(FEI number, if applicat	ole)
4.	6/25/04	5.	texpetual	
	of incorporation)	(Duration: Y	ear corp. will cease to exi	st or "perpetual")
6.	8/2/04			
···	(Date first transacted busines			
	(SEE SECTIONS 607.1501 & 607	7.1502, F.S., to det	ermine penalty liability)	
7	2 Corporate Dr.	·····		
	(Principal office a	ddress)		
	Shelton, CT Oley (Current mailing a	184		
	(Current mailing a	address)		Ř. –
8	Que Diligence Services			
(Purpose(s) of corporation authorized in home state of	country to be carr	ried out in state of Florida	
9. Name and stree	t address of Florida registered agent: (1	P.O. Box NOT a	cceptable)	SSE 2
	NRAI Services, Inc.		• •	
Name:	MARI BEIVICES, Inc.			
Office Address:	2731 Executive Park, #4			AH II: 13 OF STATE E. FLORIDA
	Weston	, Florida	33331	
	(City)		(Zip code)	

10. Registered agent's acceptance:

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

Paul J. Hagan, Assistant Secretary (Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

	•			
A. DIRECTORS	• •			
Chairman:				
Address:				
Vice Chairman:				
Address:				
Director: Loger Kafker	Skphen Lamando			
Address: 125 High St. Switz 2500	2 Corporate Dr.			
	Shelton, CT 06484			
Director: Todd Crochet	Brian Lubinan			
Address: 10 Willw Rd Swit 100	Mitro Center 4F1			
Henlo Park, CA Da 94025	Stamford, U 06908			
B. OFFICERS				
President:Septen M. Lamando				
Address: 2 Cir prote or				
Shelton, CT 06484	<u>Z. o</u>			
Vice President:				
Address:				
secretary: John le Clauré				
Address: <u>Exchange Place Boston</u> , MH 02109				
Treasurer/Acst Seciy Brian Newman				
Address: <u>& Corporate Dr. Shelton, CT 04484</u>				
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.				
13. (Signature of Director or Officer listed in number 12 of	of the application)			
14. <u>Brioin C. Newman</u> Treasur (Typed or printed name and capacity of person signi	ver / Aest Sec'y			

`:

(Typed or printed name and capacity of person signing application)

Delaware



The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CLAYTON SERVICES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTEENTH DAY OF MARCH, A.D. 2005.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

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



3821510 8300 050221989

Varriet Smith Windson

Harriet Smith Windsor, Secretary of State AUTHENTICATION: 3749701

DATE: 03-17-05