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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRD
9/27/12

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: CLEAR VIEW PROS 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," or "Certificate of Good Standing" 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:

A. PAUL BARKLEY
Name of Person

CLEAR VIEW PROS
Firm/Company

PO BX 117
Address

TXK. TX. 75504
City/State and Zip code

clearviewpro.paul@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAUL BARKLEY at (903) 831-6997
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☒ \$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. CLEAR VIEW PROS Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. TEXAS, USA 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. February 10, 2009 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. October 2012
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2403 S. LAKE DR. Texarkana Texas 75501
(Principal office address)

PO Box 117 Texarkana Texas 75504
(Current mailing address)

8. opening new office to serve Florida
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

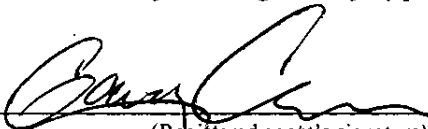
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: GARY CREWS

Office Address: 14725 NE 35th AVE RD.
Citra, Florida 32113
(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.


(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.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Amber Borkley

Address: (SAME AS Below)

Vice Chairman: A. PAUL BARKLEY

Address: (same as Below)

Director: A. PAUL BARKLEY

Address: (Same as Below)

Director: _____

Address: _____

B. OFFICERS

President: Amber BARKLEY

Address: 77 Big Rock Cr
Texarkana AR. 71854

Vice President: A. PAUL BARKLEY

Address: 77 Big Rock Cr
Texarkana AR 71854

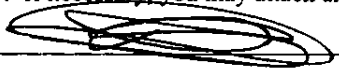
Secretary: A. PAUL BARKLEY

Address: 77 Big Rock Cr. Tex. AR. 71854

Treasurer: Tex.

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.  Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

14. A. PAUL BARKLEY

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

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Hope Andrade
Secretary of State
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Office of the Secretary of State

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for CLEAR VIEW PROS Inc. (file number 801084435), a Domestic For-Profit Corporation, was filed in this office on February 10, 2009.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on September 21, 2012.



A handwritten signature in black ink, appearing to read "Hope Andrade".

Hope Andrade
Secretary of State