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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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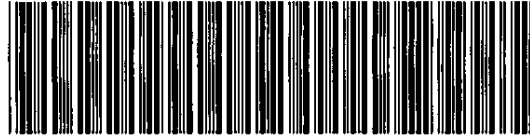
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 JUN 13 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 JUN 13 PM 1:17
TALLAHASSEE, FLORIDA

Jun 15 2016

J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CLP SERVICES INC
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

BETTY HOWSLEY

Name of Person

CLP SERVICES INC

Firm/Company

712 WALKERS CORNER ROAD

Address

SCOTT, AR 72142-9640

City/State and Zip Code

betty@clpservicesinc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BETTY HOWSLEY

Name of Person

501

at ()

Area Code

680-5548

Daytime Telephone Number

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

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 NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:

1. CLP SERVICES INC

(Name of corporation; must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like
import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained
in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

CLP SERVICES INC of ARKANSAS

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

2. ARKANSAS

(State or country under the law of which it is incorporated)

3. 46-4385559

(FEI number, if applicable)

4. 12/27/13

(Date of Incorporation)

5.

(Date of duration, if other than perpetual)

6.

(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 712 WALKERS CORNER ROAD, SCOTT, AR 72142-9640

(Principal office address)

712 WALKERS CORNER ROAD, SCOTT, AR 72142-9640

(Current mailing address, if different)

8. LEASE AND SERVICING OF PORTABLE TOILETS FOR PIPELINES

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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

Name: ALEX BEN

Office Address: 19071 US HWY 27

LAKE WALES

(City)

Florida 33853

(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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12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: DAN MOONEY

Address: 712 WALKERS CORNER ROAD

SCOTT, AR 72142-9640

Vice President: _____

Address: _____

Secretary: BETTY HOWSLEY

Address: 712 WALKERS CORNER ROAD, SCOTT AR 72142-9640

Treasurer: BETTY HOWSLEY

Address: 712 WALKERS CORNER ROAD, SCOTT, AR 72142-9640

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

13. _____
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. BETTY HOWSLEY, SECRETARY/TREASURER *Betty Howsley Secretary/Treasurer*
(Typed or printed name and capacity of person signing application)



**Arkansas Secretary of State
Mark Martin**

State Capitol Building ♦ Little Rock, Arkansas 72201-1094 ♦ 501-682-3409

Certificate of Good Standing

I, Mark Martin, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

CLP SERVICES INC.

authorized to transact business in the State of Arkansas as a For Profit Corporation, filed Articles of Incorporation in this office December 27, 2013.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.



In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 12th day of April 2016.

Mark Martin

Mark Martin

Secretary of State

Online Certificate Authorization Code: eddeac6ec2d6ef9

To verify the Authorization Code, visit sos.arkansas.gov