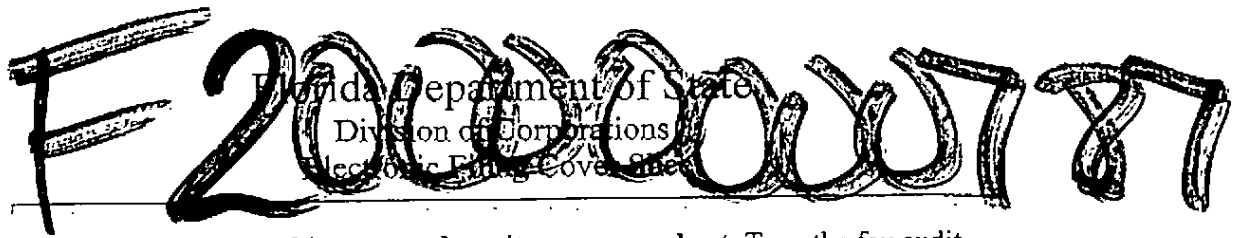


Division of Corporations

Page 1 of 2



**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000050228 3)))



H200000502283ABCT

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : INCORP SERVICES INC  
Account Number : I20120000007  
Phone : (702)866-2500  
Fax Number : (702)866-2689

**\*\*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 PROFIT/NONPROFIT CORPORATION****Clarendon Specialty Fasteners, Inc.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

2020 FEB 13 PM 12:23

2020 FEB 13 PM 12:17

T GLASS

Electronic Filing Menu

Corporate Filing Menu

FEB 14 2020  
Help

H200000502283

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Clarendon Specialty Fasteners, 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:

Attn: Processing Dept.

Name of Person

InCorp Services, Inc.

Firm/Company

3773 Howard Hughes Pkwy. Suite 500S

Address

Las Vegas, NV 89169-6014

City/State and Zip code

managedreports@incorp.com

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

For further information concerning this matter, please call:

Lorie Cuni on behalf of InCorp Services, Inc. at 800-246-2677

Name of Person

Area Code

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$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

H200000502283

H200000502283

# 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. Clarendon Specialty Fasteners, 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. California

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

3.

(FEI number, if applicable)

4. 07/17/2017

(Date of incorporation)

5.

(Date of duration, if other than perpetual)

6. 02/03/2020

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

7. 16761 Burke Ln, Huntington Beach, California 92647

(Principal office street address)

1016 N Belcher Rd., Clearwater, FL 33765

(Current mailing address, if different)

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

Name: InCorp Services, Inc.

Office Address: 17888 67th Court North

Loxahatchee

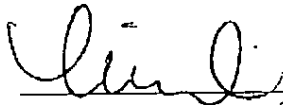
(City)

, Florida 33470

(Zip code)

9. 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.*



Lorie Cuni on behalf of InCorp Services, Inc.

(Registered agent's signature)

10. 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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

H200000502283

2020 FEB 13 PM 12:17

H200000502283

## A. DIRECTORS

☐ Chairman Name: Russ Brown

☐ Vice Chairman Address: \_\_\_\_\_

☒ Director 1016 N Belcher Rd

☒ President Clearwater, FL 33765

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☒ Other CEO ☐ Other \_\_\_\_\_

☐ Chairman Name: Nigel Lingwood

☐ Vice Chairman Address: \_\_\_\_\_

☒ Director 1016 N Belcher Rd

☐ President Clearwater, FL 33765

☐ Vice President \_\_\_\_\_

☐ Secretary ☒ Treasurer

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director \_\_\_\_\_

☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Brian Collins

☐ Vice Chairman Address: \_\_\_\_\_

☒ Director 1016 N Belcher Rd

☐ President Clearwater, FL 33765

☐ Vice President \_\_\_\_\_

☒ Secretary ☐ Treasurer

☒ Other CFO ☐ Other \_\_\_\_\_

☐ Chairman Name: John Hunt

☐ Vice Chairman Address: \_\_\_\_\_

☒ Director 1016 N Belcher Rd

☐ President Clearwater, FL 33765

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director \_\_\_\_\_

☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ 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.

12. Brian Collins Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. Brian Collins, Secretary  
(Typed or printed name and capacity of person signing application)

H200000502283

H200000502283

**State of California**  
**Secretary of State**

## CERTIFICATE OF STATUS

## ENTITY NAME:

CLARENDON SPECIALTY FASTENERS, INC.

FILE NUMBER: C4046536  
FORMATION DATE: 07/17/2017  
TYPE: DOMESTIC CORPORATION  
JURISDICTION: CALIFORNIA  
STATUS: ACTIVE (GOOD STANDING)

2020 Feb 13 PM 12:17

I, ALEX PADILLA, Secretary of State of the State of California,  
hereby certify:

The records of this office indicate the entity is authorized to  
exercise all of its powers, rights and privileges in the State of  
California.

No information is available from this office regarding the financial  
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate  
and affix the Great Seal of the State of  
California this day of February 12, 2020.

ALEX PADILLA  
Secretary of State

H200000502283