L12000151284

| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
| Continued Copies |
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| Special Instructions to Filing Officer: |
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Office Use Only

B. KOHR
DEC 1 2 2012

EXAMINER



900240000949

12/11/12--01003--008 **16.25

900240000949 03/27/12--01037--007 **113.75

12 DEC -3 AHII: OS
SEGRETARY OF STATE
TALLAHASSEF, FIORIC



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 4, 2012

KATHY CLAYTON 3939 LAURELWOOD DRIVE JACKSONVILLE, FL 32257

SUBJECT: CLAYTON HEALTH INSURANCE CLAIM SERVICE

Ref. Number: W12000051046



We have received your document for CLAYTON HEALTH INSURANCE CLAIM SERVICE and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

If you are not filing a conversion, please do NOT send us conversion forms

If you intend to form a corporation, the name of your corporation must end in a $\int \int$ corporate suffix such as INC., INCORPORATED, CORPORATION, CORP., COMPANY, or CO.

A profit corporation MUST list the number of shares of stock the corporation is authorized to issue. All profit corporations must list this number.

You do not have to list the names and addresses of your company's officers and directors when you first file, but most small corporations SHOULD DO THIS.

You must list the name and address of the company's Registered Agent in Article

And you must list the name of the company's Incorporator in Article VII.

Please call BUCK KOHR at (850) 245-6914 if you have questions.

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

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Buck Kohr Regulatory Specialist II

Letter Number: 212A00024669

www.sunbiz.org

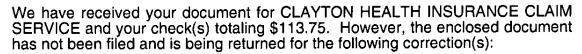


October 25, 2012

KATHY CLAYTON 3939 LAURELWOOD DRIVE JACKSONVILLE, FL 32257

SUBJECT: CLAYTON HEALTH INSURANCE CLAIM SERVICE

Ref. Number: W12000051046



We are sorry to be returning your document a second time, but there are several issues.

First of all, you must tell us the total shares of stock the company is authorized to issue. You have to list a specific number in Article IV. We need a number in Article IV.

In Article V, we recommend that you list the names and addresses of the officers and directors. You don't have to do this. But you might run into problems if you don't.

In Article VI, you must list the name and address of the R.A. I assume you are the R.A. But you have to list your name on the line that says "name".

And in Article VII, the corporation itself cannot be the incorporator. Again, I assume that you as an individual are the incorporator. So you should list your name on the "name" line.

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

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Buck Kohr Regulatory Specialist II 2 DEC -3 MILLOU

Letter Number: 812A00026263

Buck KohR

I want to Cancell out to repush for a corporation.

and Just file for a "L' Cancell out to the state 113.75 in 8/12

The Hotal Cost for LCC

12500 Silving feo

500 copy of Status

13000

113.75

16,25 sent ct 11-29-12

57612

Thank your you can reach me @ 904874-3190 Kathy Clayton

COVER LETTER

TO:

Registration Section **Division of Corporations**

CORP. MINICO Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

| KATHY CLAYTON | |
|--|-------|
| Name of Person | |
| CLayton HeAtth Insurance CLA:m Service 1 | !LC`` |
| 3939 LAurelWood DR | |
| Address | |
| Jacksonville FLA 32257 | |
| City/State and Zip Code | |
| KSCLay 4 @ Yahoo. com | |
| E-mail address: (to be used for future annual report notification) | |

For further information concerning this matter, please call:

Enclosed is a check for the following amount:

□\$125.00 Filing Fee

\$130.00 Filing Fee & Certificate of Status

□\$155.00 Filing Fee & Certified Copy

(additional copy is enclosed)

□ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | |
|--|--|
| CLAYton Hearth INSUVANCE (Must end with the words "Limited Liability Con | |
| ARTICLE II - Address: The mailing address and street address of the principal | al office of the Limited Liability Company is: |
| Principal Office Address: Ma | iling Address: |
| 3939 Lamel Wood Br Tacksonville Fr 32257 | |
| ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its own Registered Agentius entity with an active Florida registration.) | |
| The name and the Florida street address of the registe | red agent are: |
| KAthy CLay | ton AREAS |
| YacksonvilloFL | O. Box NOT acceptable) 32257 |
| City, State, and | Zip |
| Having been named as registered agent and to accept liability company at the place designated in this cer registered agent and agree to act in this capacity. If | rtificate, I hereby accept the appointment as further agree to comply with the provisions of |

Registered Agent's Signature (REQUIRED)

and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

| <u>Title:</u> "MGR" = Manager | Name and Address: |
|--|--|
| "MGRM" = Managing Member | KAthy Clayfor 11Me 39,39 LaurelWood On Jacksonville, FC 32257 |
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