

L12000151284

(Requestor's Name)

(Address)

(Address)

CF-16.25

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

B. KOHR

DEC 12 2012

EXAMINER



900240000949

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

900240000949  
09/27/12--01037--007 \*\*113.75

FILED  
12 DEC -3 AM 11:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

FILED  
12 DEC -3 AM 11:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 corporate suffix such as INC., INCORPORATED, CORPORATION, CORP., COMPANY, or CO. ① ✓

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.

2. You must list the name and address of the company's Registered Agent in Article VI. 7

3. 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 25, 2012

KATHY CLAYTON  
3939 LAURELWOOD DRIVE  
JACKSONVILLE, FL 32257

SUBJECT: CLAYTON HEALTH INSURANCE CLAIM SERVICE  
Ref. Number: W12000051046

FILED  
12 DEC -3 AM 11:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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):

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

Letter Number: 812A00026263

11-29-12

Buck Kohr

I want to cancel out  
request for a corporation.

and just file for a LLC

I paid the state 113.75 in  
8/12

the total cost for LLC

125<sup>00</sup> filing fee

5<sup>00</sup> copy of status

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130<sup>00</sup>

— 113.75

16.25 sent ck 11-29-12  
# 5612

Thank you

you can reach me @ 904 874-3190

Kathy Clayton

FILED  
DEC -3 AM 11:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(850) 245-6051.

### COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CLAYTON Health Insurance Claim Service "LLC"  
Name of Limited Liability Company

FILED  
12 DEC -3 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 Health Insurance Claim Service "LLC"  
Firm/Company

3939 Laurelwood Dr  
Address

JACKSONVILLE FLA 32257  
City/State and Zip Code

KSClay4@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KATHY CLAYTON at 904, 874-3190  
Name of Person Area Code & Daytime Telephone Number

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 Health Insurance Claim Service "LLC"  
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

### Principal Office Address:

3939 Laurelwood Dr  
JACKSONVILLE FL  
32257

### Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Kathy Clayton  
Name  
3939 Laurelwood Dr  
Florida street address (P.O. Box **NOT** acceptable)  
JACKSONVILLE FL 32257  
City, State, and Zip

FILED  
12 DEC -3 AM 11:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..*

Kathy Clayton  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

"MGR"

**Name and Address:**

Kathy Clayton "MGR"  
3939 Laurelwood Dr  
JACKSONVILLE, FL 32257

\_\_\_\_\_  
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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 1-1-2013 (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

Kathy Clayton

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any 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.)

Kathy Clayton

Typed or printed name of signee

**Filing Fees:**

✓ \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

✓ \$ 5.00 Certificate of Status (Optional)

125  
5  
130.00  
- 113.75 Pd  
16.25 Pd  
11-29-12  
ck