

CCRS-  
103 N. MERIDIAN STREET, LOWER LEVEL  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

**MO10000002341**

CONTACT: CINDY HICKS

DATE: 10-17-01

REF. #: 0262.2671

CORP. NAME: Semscos Latin America, LLC

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION        | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT                    | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME         |
| <input checked="" type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input type="checkbox"/> LIMITED LIABILITY       |
| <input type="checkbox"/> REINSTATEMENT                    | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL              |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION      | <input type="checkbox"/> UCC-1                  | <input type="checkbox"/> UCC-3                   |
| <input type="checkbox"/> OTHER:                           | <u>WDI-24884</u>                                |  |

CLERK OF STATE  
TALLAHASSEE, FLORIDA

OCT 17 AM 8:19

APPROVED  
AND  
FILED

STATE FEES PREPAID WITH CHECK# 500403 87.50  
500404 FOR \$ 72.50

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED: 500004640625--7  
-10/18/01--01011--001  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN: 500004640625--7  
-10/18/01--01011--002  
\*\*\*\*\*72.50 \*\*\*\*\*72.50

- |   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY        | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input checked="" type="checkbox"/> CERTIFICATE OF STATUS |   |   |

WDI-10-01

Examiner's Initials



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

October 18, 2001

CCRS

SUBJECT: SEMSCO LATIN AMERICA, L.L.C.  
Ref. Number: W01000024084

We have received your document for SEMSCO LATIN AMERICA, L.L.C. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following:

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report/uniform business report fees due this office.)

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

If you have any questions concerning the filing of your document, please call (850) 245-6025.

Trevor Brumbley  
Document Specialist

Letter Number: 301A00057543

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APPROVED  
AND  
FILED

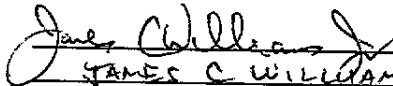
**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN  
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. SEMSCO Latin America, L.L.C.  
(Name of foreign limited liability company)
2. DELAWARE  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. (Applied for)  
(FEI number, if applicable)
4. September 21, 2001  
(Date of Organization)
5. Perpetual  
(Duration: Year limited liability company will cease to exist or "perpetual")
6. Upon Qualification  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 9501 Highway 92 East  
Tampa, Florida 33610  
(Street address of principal office)
8. If limited liability company is a manager-managed company, check here ☐
9. The name and usual business addresses of the managing members or managers are as follows:  
Clayton International, L.L.C.  
9501 Highway 92 East  
Tampa, Florida 33610
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy of is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: Water works

Signature of a member or an authorized representative of a member.  
(In accordance with section 608.408(3), F.S., the execution of this document constitutes  
an affirmation under the penalties of perjury that the facts stated herein are true.)

By: Clayton International, L.L.C.  
Clayton Acquisition Company

By:   
JAMES C WILLIAMS JR  
Typed or Printed name of signer

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

**SEMSCO Latin America, L.L.C.**

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

**James C. Williams**

(Name)

**9501 Highway 92 East**

Florida street address (P.O. Box NOT ACCEPTABLE)

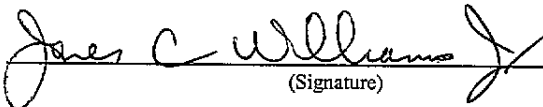
**Tampa**

**FL**

**33610**

(City/State/Zip)

*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.*



(Signature)

\$ 100.00

\$ 25.00

\$ 30.00

\$ 5.00

**Filing Fee for Application**

**Designation for Registered Agent**

**Certified Copy (optional)**

**Certificate of Status (optional)**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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APPROVED  
AND  
FILED

*State of Delaware*  
*Office of the Secretary of State*

PAGE 1

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SEMSCO LATIN AMERICA, L.L.C." IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF SEPTEMBER, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SEMSCO LATIN AMERICA, L.L.C." WAS FORMED ON THE TWENTY-FIRST DAY OF SEPTEMBER, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

01 OCT 17 AM 8:19  
SECRETARY OF STATE  
DELAWARE  
FILED

APPROVED  
AND  
FILED



*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State

3438373 8300

AUTHENTICATION: 1359233

010475635

DATE: 09-25-01