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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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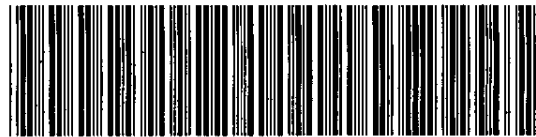
(Business Entity Name)

(Document Number)

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

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TALLAHASSEE FLORIDA

N. Gulligan MAR 18 2008

**GILLEN & ANDERSON**  
**ATTORNEYS AND COUNSELORS AT LAW**  
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**JAMES B. GILLEN, JR.**  
CERTIFIED MEDIATOR  
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**ROGER W. ANDERSON**  
BOARD CERTIFIED  
PERSONAL INJURY TRIAL LAW  
TEXAS BOARD OF LEGAL SPECIALIZATION  
E-MAIL: rander@tyler.net

March 11, 2008

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

**RE: CLEMENTS FLUIDS MANAGEMENT, LLC**


Gentlemen:

Enclosed please find original Application By Foreign Limited Liability Company for Authorization to Transact Business in Florida for the above referenced entity, together with Certificate of Fact issued by the Texas Secretary of State, which I would appreciate your filing, thereafter returning the approved Certificate to my office.

Also enclosed is our client's check in the sum of \$125.00 representing the filing fees for this document.

Thank you for your kind assistance in this matter.

Yours very truly,

  
James B. Gillen, Jr.

JBG/sw  
Enclosures  
cc: Mr. Michael T. Clements

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CLEMENTS FLUIDS MANAGEMENT, LLC

(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

James B. Gillen, Jr.

(Name of Person)

Gillen & Anderson

(Firm/Company)

613 Shelley Park Plaza

(Address)

Tyler, Texas 75701

(City/State and Zip Code)

For further information concerning this matter, please call:

James B. Gillen, Jr.

(Name of Person)

at ( 903 ) 581-8600

(Area Code & Daytime Telephone Number)

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

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

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    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

**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. CLEMENTS FLUIDS MANAGEMENT, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. Texas 3. 20-8059132  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. December 15, 2006 5. Perpetual  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. N/A  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 5201 S. Broadway Avenue, Suite 212  
Tyler, Texas 75703  
(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☐

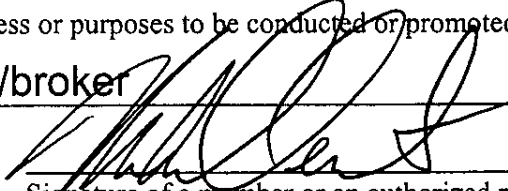
9. The name and usual business addresses of the managing members or managers are as follows:

Michael T. Clements, 5201 S. Broadway Avenue, Suite 212, Tyler, Texas 75703

Donna H. Clements, 5201 S. Broadway Avenue, Suite 212, Tyler, Texas 75703

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 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: manufacturing  
wholesaler/broker

  
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.)

Michael T. Clements

Typed or printed name of signee

FILED  
08 APR 17 PM 12:01  
TALLAHASSEE FLORIDA  
SECRETARY OF STATE

**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:

**CLEMENTS FLUIDS MANAGEMENT, LLC**

If name unavailable, the alternate name to be used in the state of Florida is:

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

**CT CORPORATION SYSTEM**

(Name)

**1200 South Pine Island Road**

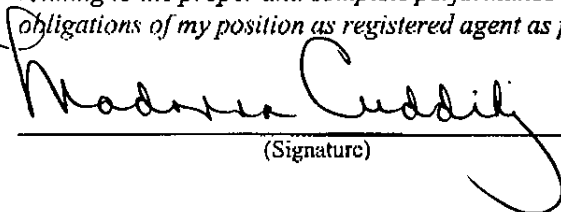
Florida Street Address (P O Box **NOT** ACCEPTABLE)

**Plantation, FL 33324**

FL  
City/State/Zip

**FILED**  
08 MAR 17 PM 12:01  
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, Florida Statutes.*

  
(Signature)

**Madonna Cuddihy  
Special Assistant Secretary**

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

Corporations Section  
P.O.Box 13697  
Austin, Texas 78711-3697



Phil Wilson  
Secretary of State

## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Clements Fluids Management, LLC (file number 800747008), a Domestic Limited Liability Company (LLC), was filed in this office on December 15, 2006.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on February 21, 2008.



A handwritten signature of Phil Wilson in black ink.

Phil Wilson  
Secretary of State