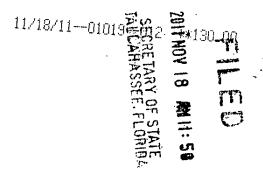
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Ţ.			
(Requestor's Name)			
(Address)			
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PICK-UP WAIT MAIL			
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T. CLINE

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EXAMINE

#### **COVER LETTER**

_	ition Section of Corporations		
SUBJECT: C	learwater Specialties LLC		
	(Name of Lim	ited Liability Company)	
Florida," Certifi		bility Company for Authorization to Transbruitted to register the above referenced	
Please return ai	l correspondence concerning this m	natter to the following:	
F	Pam Tucker		
_	(Na	me of Person)	
<u>c</u>	Clearwater Specialties LLC		201
	(Fir	m/Company)	2011 NOV 18 TWE CARTARY
6	8861 Quiet Peeps Pl		
****		(Address)	E P STA
<u> </u>	North Las Vegas NV 89084		ORDE S
	(City/St	ate and Zip Code)	
For further info	rmation concerning this matter, ple	ase call:	
Steve	Tucker	at ( 503 ) 708-2864	
	(Name of Person)	(Area Code & Daytime Telephone I	Number)
MAILI	NG ADDRESS:	STREET ADDRESS:	
Division of Corporations		Division of Corporations	
P.O. Bo		Clifton Building	
Tallahas	ssee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	
	neck for the following amount:  ### Filing Fee ** \$130.00 Filing Fee & Certificate of	\$155.00 Filing Fee & \$160.00 Filing Status Certified Copy of Status	g Fee, Certificate atus & Certified Copy

#### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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

. Clearwater Specialties LLC	
Clearwater Specialties 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 consent of the managers or managing members adopting the alternate Company," "L.L.C.," "LLC.")	
2. Washington 3.	91-2078378
(Jurisdiction under the law of which foreign limited liability company is organized)	( FEI number, if applicable)
4. 10/4/2000 5.	Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6.	<b>☆</b> 23
(Date first transacted business in Flori (See sections 608.501 & 608.502 F.S. to	da, if prior to registration.) o determine penalty liability)
7. 77 Hargove Grade	1 0 N
Palm Coast, FL 32137	
(Street Address of	Principal Office)
8. If limited liability company is a manager-managed co	ompany, check here
9. The name and usual business addresses of the manage	ging members or managers are as follows:
Steve Tucker 6861 Quiet Peeps Pl, No	orth Las Vegas, NV 89084
10. Attached is an original certificate of existence, no more than 90 day the jurisdiction under the law of which it is organized. (A photocopy is translation of the certificate under oath of the translator must be submit	s not acceptable. If the certificate is in a foreign language, a
11. Nature of business or purposes to be conducted or p	promoted in Florida: Manufacturing chemicals
used in the papermaking industry	·
Paula Tuch	
Signature of a member or an auth	orized representative of a member.
(In accordance with section 608.408(3), F.S. an affirmation under the penalties of perjury	, the execution of this document constitutes y that the facts stated herein are true.)
Pamela Tucker	· · · · · · · · · · · · · · · · · · ·
Typed or printed n	name of signee

### 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	of the Limited Liability Company is:		
Clearwater	r Specialties LLC		
If name unava	ailable, the alternate name to be used in the state of Florida is:		
2. The name a	and the Florida street address of the registered agent and office	sare: SECRETARIASS	
	Northwest Registered Agent LLC		
	(Name)	SHO TO	
3111 W. Dr. MLK Blvd., STE 100-B180 Florida Street Address (P.O. Box NOT ACCEPTABLE)		PF STATE	
	Tampa FL 33607	:	
	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, Florida Statutes.

Dan Keen-Manager
(Signature)

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



### Secretary of State

I, SAM REED, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

# CERTIFICATE OF EXISTENCE/AUTHORIZATION OF CLEARWATER SPECIALTIES LLC

I FURTHER CERTIFY that the records on file in this office show that the above named Limited Liability Company was formed under the laws of the State of WA and was issued a Certificate Of Formation in Washington on 10/4/2000.

I FURTHER CERTIFY that as of the date of this certificate, CLEARWATER SPECIALTIES

LLC remains active and has complied with the filing requirements of this office.

Date: October 24, 2011

UBI: 602-070-330

STATE OF WASHINGTON 1889 NO.

44444

Given under my hand and the Scal of the State of Washington at Olympia, the State Capital

- 272

Sam Reed, Secretary of State