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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

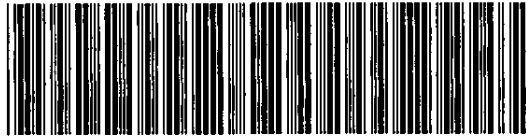
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

NOV 19 2015  
J. HARRIS

NOV 19 2015

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** CLAYS CUSTOM, 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:

Michael C Hill

Name of Person

Clays Custom LLC

Firm/Company

2860 S. Fardon Blvd

Address

Crestview FL 32536

City/State and Zip Code

Madmike@centurylink.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael C Hill

Name of Contact Person

at ( 850 )

Area Code

333-9770

Daytime Telephone Number

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

15 NOV 19 PM 1:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

September 29, 2015

MICHAEL C HILL  
2260 S FERDON BLVD  
CRESTVIEW, FL 32536

SUBJECT: CLAYS CUSTOM LLC  
Ref. Number: W15000064819

2015 NOV 19 PM 12:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILE

We have received your document for CLAYS CUSTOM LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Line 2 must contain the state only. Not the city, state and zip code.,

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.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 915A00020585

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Clays Custom 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. The alternate name must include "Limited  
Liability Company," "L.L.C.," or "LLC.")

2. Washington 3. VBI # 002-59-876  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 201 Orchard  
(Street Address of Principal Office)

6. Leavenworth Wa. 98826  
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Lawrence Wrenn  
Office Address: 1234 South Dixie Hwy. Suit 131  
Coral Gables, Florida 33146  
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and  
accept the obligations of my position as registered agent.

Lawrence Wrenn  
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Michael C. Hill - president  
Clays Custom LLC 2260 S. Fernon Blvd  
Prestview FL 32536

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath  
of the translator must be submitted)

Michael C. Hill  
Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Michael C. Hill  
Typed or printed name of signee

2015 NOV 19 PM 2:57  
FILED  
STATE DEPT OF STATE  
TALLAHASSEE FLORIDA

UNITED STATES OF AMERICA

# The State of Washington



## Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal,  
hereby issue this

### CERTIFICATE OF EXISTENCE/AUTHORIZATION

OF

CLAYS CUSTOM, 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 7/11/2005.

I FURTHER CERTIFY that as of the date of this certificate, CLAYS CUSTOM, LLC remains  
active and has complied with the filing requirements of this office.

Date: November 10, 2015

UBI: 602-519-876



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

Kim Wyman, Secretary of State