

M18000000709

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

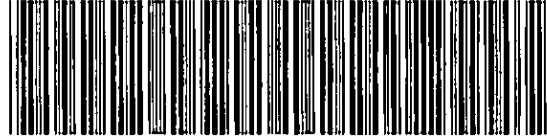
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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11/28/17--01042--002 \*\*238.75

FILED

18 JAN 12 PM 12:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

dfm

1/23/2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 26, 2017

CLAYTON SUPPORT SERVICES LLC  
2638 S. FAULKENBERG ROAD  
RIVERVIEW, FL 33578

SUBJECT: CLAYTON SUPPORT SERVICES LLC  
Ref. Number: M11000005069

We have received your document for CLAYTON SUPPORT SERVICES LLC and your check(s) totaling \$238.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above referenced entity was voluntarily withdrawn. There is no provision in the Florida Statutes for reinstating an entity's certificate of authority once it has voluntarily withdrawn. Therefore, we are returning your reinstatement along with the forms and instructions for qualifying the entity to transact business in Florida.

The money deposited will be applied toward the correct filing. When you return the correct document, please submit a written request for a refund for the difference.

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) 245-6059.

Kathy Ashton  
Regulatory Specialist II

Letter Number: 717A00026070

11/28/17 0042 002  
\$ 238.75

\$ 125 = CF  
35 = Cert

Bal = 78.75

www.sunbiz.org

Radian Group Inc.

**RADIAN**

1500 Market Street  
Philadelphia, Pennsylvania  
19102-2148  
800.523.1938  
215.231.1000

January 9, 2018

Ms. Kathy Ashton  
Florida Department of State  
P.O. Box 6327  
Tallahassee, FL 32314

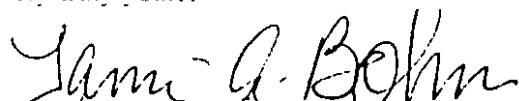
RE: Clayton Support Services LLC  
Registration  
Ref #M11000005069

Dear Ms. Ashton:

Enclosed is the Application to register for authorization to do business in Florida. I have also enclosed a Certificate of Good Standing, a check for \$160 and a copy of prior correspondence.

If you have any questions, please feel free to contact me.

Very truly yours,



Tami A. Bohm  
Vice President  
Corporate Compliance

TAB/

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Clayton Support Services 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:

Tami A. Bohm

\_\_\_\_\_  
Name of Person

Radian Group Inc.

\_\_\_\_\_  
Firm/Company

1500 Market Street, #2050

\_\_\_\_\_  
Address

Philadelphia, PA 19102

\_\_\_\_\_  
City/State and Zip Code

tami.bohm@radian.biz

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

For further information concerning this matter, please call:

Tami A. Bohm

215

231-1335

\_\_\_\_\_  
Name of Contact Person

at (\_\_\_\_\_) \_\_\_\_\_

Area Code

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

**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. Clayton Support Services 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. Delaware 3. 45-3560069  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 10/11/2011 — Under #M11-5069  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2638 S. Faulkenburg Road  
(Street Address of Principal Office)  
Riverview, FL 33578

6. 1500 Market Street  
(Mailing Address)  
West Tower 2050  
Philadelphia, PA 19102

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301  
(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.*

**Chelsey Martine**  
**Asst Vice President**

(Registered agent's signature)

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

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Manager</u>	<u>Rob Harris</u> <u>1500 Market St, West Tower</u> <u>Philadelphia, PA 19102</u>	_____	_____
<u>Member</u>	<u>Clayton Services</u> <u>1500 MARKET ST</u> <u>PHILA PA 19102</u>	_____	_____

(Use attachments if necessary)

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)

10. 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.

Tami A. Bohm  
Signature of an authorized person

Tami A. Bohm

Typed or printed name of signer

**FILED**  
**JAN 12 PM 12:27**  
**SECRETARY OF STATE**  
**FLORIDA**

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CLAYTON SUPPORT SERVICES LLC" 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 NINTH DAY OF JANUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CLAYTON SUPPORT SERVICES LLC" WAS FORMED ON THE FIFTEENTH DAY OF SEPTEMBER, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



5038818 8300

SR# 20180144571

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 201941425

Date: 01-09-18