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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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

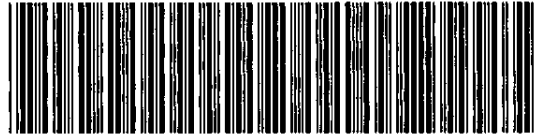
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EXAMINER



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03/05/12--01041--022 \*\*155.00

03/05/12--01041--023 \*\*777.50

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 MAR -5 AM 8:15

# Poyner Spruill<sup>LLP</sup>

Nell L. Summerlin, NCCP  
Paralegal  
D: 252.972.7065  
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nsummerlin@poynerspruill.com

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 MAR 5 AM 8 15

March 1, 2012

VIA FEDERAL EXPRESS

Corporations Division  
Florida Secretary of State  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee FL 32301

Re: Coastal Treated Products-Havana LLC

Dear Sir:

Enclosed for filing is an original and one copy of an Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida for Coastal Treated Products-Havana LLC. We have enclosed our check in the amount of \$155.00 for the filing and certified copy fee.

Also enclosed is a check in the amount of \$777.50 representing the annual fees of \$138.75 per year for two years(\$277.50 total annual fees) and a \$500.00 penalty fee.

Please file this document as soon as possible and return the certified copy to me in the enclosed envelope. Thank you for your assistance in this matter.

Sincerely yours,



**Nell L. Summerlin, NCCP**  
Paralegal

Enclosure

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** COASTAL TREATED PRODUCTS-HAVANA 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:

BRADLEY J HERRING  
Name of Person

POYNER SPRUILL LLP  
Firm/Company

P O BOX 353  
Address

ROCKY MOUNT NC 27802-0353  
City/State and Zip Code

tbryant@cfdc.co  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nell Summerlin at ( 252 ) 972-7065  
Name of Person 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

12 MAR -5 AM @ 15  
SECRET  
DIVISION OF CORPORATIONS

**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:

1. COASTAL TREATED PRODUCTS-HAVANA 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. NORTH CAROLINA 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. AUGUST 29, 2008 5. PERPETUAL  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. 01/25/2010  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 8007 Florida-Georgia Highway  
Havana FL 32333  
(Street Address of Principal Office)

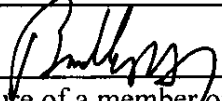
8. If limited liability company is a manager-managed company, check here

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

Coastal Treated Products LLC, Member/Manager  
PO Box 849  
Weldon NC 27890

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: FOREST PRODUCTS MANUFACTURING

  
\_\_\_\_\_  
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. 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.)

BRADLEY J HERRING  
\_\_\_\_\_  
Typed or printed name of signee

FILED STATE  
SECRETARY OF CORPORATIONS  
MAR -5 AM 8:15

**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:

COASTAL TREATED PRODUCTS-HAVANA LLC

If unavailable, the alternate 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

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.*

Michael Seraphin Michael Seraphin Asst. Secretary

(Signature)

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



# NORTH CAROLINA

## Department of the Secretary of State

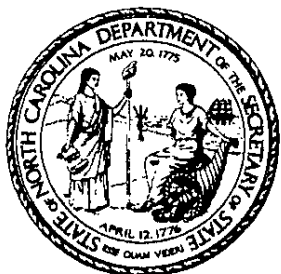
### CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

#### COASTAL TREATED PRODUCTS-HAVANA LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 29th day of August, 2008, with its period of duration being Perpetual.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 21st day of February, 2012.

*Elaine F. Marshall*

Secretary of State