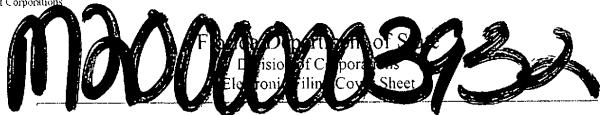
Division of Corporation



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H200001189103)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA00000023 Fhone: (614)280-3338 Fax Number: (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

Foreign Limited Liability Company Shades Mountain Timber Co FL LLC

Certificate of Status	0	
Certified Copy	1	
Page Count	04	2
Estimated Charge	\$155.00	- E - W

Electronic Filing Menu Corporate Filing Menu

Help KPR 2 4 200

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

IN COMPLIANCE WITH SECTION &05.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Shades Mountain TimberCo F.L.L.C.

with wind with the control of the co	ame adopted for the purpose of transacting business in E	londa. The alternate nam	ie must include "Lim	ited Liabilit	і, Сіяпралі	(" "L.L.U." or "L
Delaware		3				
Turisdiction under the law of w	hich foreign limited liability company is organized)		(£ £)	number, if	applicable	,
N/A						
-	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration) nine penalty liability)				
31 Inverness Center Pk	way, Suite 200	,				
eet Address of Principal Office)		(Mar	ling Address)			
Birmingham, A1, 3524	3					
						
				- .		
		 		E VA		
ame and street addres	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u> acceptabl	e)	OF TO A P		
Name and street addres	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u> acceptabl	e)	OF TANK	A	
	ss of Florida registered agent: (P.O. Bo:	x <u>NOT</u> acceptabl	e)	TO THE WAY AND THE		71
Name and street address Name:		x <u>NOT</u> acceptabl	e)	SERVICE OF THE SERVIC	₩ ² 2	T
Name:		x <u>NOT</u> acceptabl	e)	SEPTIME TO SEPTIME	APR 23	m E E
	CT Corporation System	x <u>NOT</u> acceptabl	e)	SCHOOL TURN	MPR 23 A 73	TITO
Name:	CT Corporation System		e) 3,3324 Florida	SERVICE TO SERVICE TO SERVICE AND ADDRESS OF THE PERSON OF	APR 23 A T	

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
□Manager	Name: Shades Mountain Timberlands, LLC	∏Manager	Name:
■Member	Address: 31 Inverness Ctr Pkway, St 200	☐ Member	Address:
□Authorized	Birmingham, A1, 35243	☐ Authorized	
Person		Person	
☐ Other	Other	_Other	Other
□Manager	Name:	□ Manager	Name:
□Member	Address:	Member	Address:
□Authorized		☐ Authorized	
Person		Person	
☐ Other		Other	
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		☐ Authorized	
Person		Person	
Other	Other		Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 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.

Mood		
	Signature of an authorized person	
Valerie Cook, Organizer		

Typed or printed name of signes



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SHADES MOUNTAIN TIMBERCO FL 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 TWENTY-SECOND DAY OF APRIL, A.D. 2020.

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

Authentication: 202811081

Date: 04-22-20