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ATTORNEYS AND COUNSELORS AT LAW

A95000001832

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P.O. BOX 1831 (ZIP 33601)
CLEARWATER, FLORIDA 34618
(813) 441-8888 FAX (813) 442-8470

November 22, 1995

IN REPLY REFER TO:
Tallahassee

3000001651763
-12/04/95--01009--015
***1785.00 ***1785.00

HAND DELIVERY

9 NOV 28 PM 3:17
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Division of Corporations
Limited Partnership Section
409 East Gaines Street
Tallahassee, Florida 32301

Dear Sir or Madam:

Enclosed for filing are an original and one copy of Articles of Incorporation for Hayes Timber Corporation. Also enclosed is our check for \$70.00 to cover the filing fee.

Once Hayes Timber Corporation has been incorporated, please file the enclosed documents for Hayes Timber Limited Partnership (Certificate of Limited Partnership and Affidavit of Capital Contributions). Our check for \$1,785 is enclosed.

Once Hayes Timber Limited Partnership has been formed, please file the enclosed documents for Hayes Family Limited Partnership (Certificate of Limited Partnership and Affidavit of Capital Contributions). Our check for \$1,785 is enclosed.

Please date stamp the enclosed copies, which will be picked-up by our messenger.

If you have any questions, please call.

Sincerely,

Carla Green

Carla A. Green
For the Firm

C. TAX _____
FILING 1750.00
R. AGENT FEE 32.00
C. COPY _____
TOTAL 1785.00
N. BANK _____

Enclosures

cag\ltr\hayes.doc

BALANCE DUE
PAID

RECEIVED
95 NOV 22 PM 3:50
DIVISION OF CORPORATION

BR

11/28/95

**CERTIFICATE OF LIMITED PARTNERSHIP OF
Brooks Hayes Family Limited Partnership,
a Florida Limited Partnership**

The undersigned General Partners, desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act (1986) as set forth in Section 620.101 of the Florida Statutes, hereby state the following:

1. The name of the Partnership is the **Brooks Hayes Family Limited Partnership** (the "Partnership").
2. The mailing address of the Partnership is Post Office Box 794, Blountstown, Florida 32424.
3. The name and address of the agent for service of process on the Partnership are **M. Brooks Hayes**, Post Office Box 794, Highway 275 North, Blountstown, Florida 32424.
4. The names and business addresses of the General Partners are **Nan D. Hayes**, Post Office Box 417, Highway 275 North, Blountstown, Florida 32424, and **D. Burke Hayes**, Post Office Box 794, Highway 275 North, Blountstown, Florida 32424.
5. The latest date upon which the Partnership shall dissolve is December 31, 2025.
6. The effective date of this Certificate of Limited Partnership shall be upon filing.

The execution of this Certificate by the undersigned General Partners constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 28 PM 3:18

IN WITNESS WHEREOF, this Certificate of Limited Partnership
has been executed by all of the General Partners of Brooks Hayes Family
Limited Partnership on this 22nd day of November, 1995.

Nan D. Hayes
Nan D. Hayes
General Partner

Drayton Burke Hayes II
D. Burke Hayes
General Partner

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 NOV 28 PM 3:18

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STATE OF FLORIDA)
COUNTY OF LEON)

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

The undersigned, **Nan D. Hayes** and **D. Burke Hayes**, as General Partners of the **Hayes Family Limited Partnership**, a Florida limited partnership (the "Partnership"), Tallahassee, Florida, certify as follows:

1. The total amount of capital contributions to the Partnership made by the Initial Limited Partners is set forth in Exhibit A attached hereto.

2. No additional capital contributions are anticipated to be contributed by the Limited Partners to the Partnership.

FURTHER AFFIANTS SAITH NOT.

Under penalties of perjury we declare that we have read the foregoing and the facts alleged are true, to the best of our knowledge and belief.

Nan D. Hayes
Nan D. Hayes
General Partner

Dorayton Burke Hayes II
D. Burke Hayes
General Partner

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DIVISION OF CORPORATIONS
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STATE OF FLORIDA

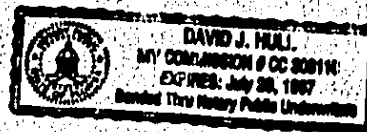
COUNTY OF LEON

The foregoing instrument was acknowledged before me this 22nd day of November, 1995, by **Wan D. Hayes**, as General Partner, who is personally known to me and who did not take an oath.



Signature of Notary

Notary Stamp/Seal:

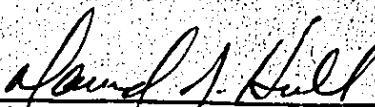


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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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STATE OF FLORIDA

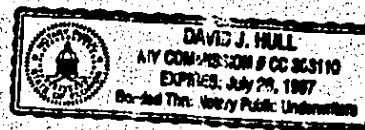
COUNTY OF LEON

The foregoing instrument was acknowledged before me this 22nd day of November, 1995, by **D. Burke Hayes**, as General Partner, is personally known to me and who did not take an oath.



Signature of Notary

Notary Stamp/Seal:



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EXHIBIT A

Total Capital Contribution
by Limited Partners:

\$4,717,263

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 NOV 28 PM 3:18

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND 50% PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra Northam
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT #
A95 000001832

Brooks Hayes Family Limited Partnership

Mailing Address

P O Box 794
Blountstown, FL 32424

Principal Office Address

Hwy 275 North

If above addresses are incorrect in any way, list through the incorrect information and enter correct address in Block 2 and/or 2a

3. Date Formed or Registered to Do Business in
FLORIDA

11/22/95

3a. Date of Last Report

N/A

4. State or Country of Formation

Florida

5a. Capital Contributions as Shown
on Record

4,790,840

5b. Amount of Capital Contributions in
FLORIDA to date

4,790,840

6. FEI Number

59-3345172

Applied For

Not Applicable

7. CERTIFICATE OF STATUS REQUIRED ☐

8. FEES: 1) Filing Fee: Computed at a rate of \$7 per \$1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of \$52.50 and a maximum of \$437.50
2) Supplemental Fee: \$138.75 (pursuant to section 607.193, F.S.)

THE AMOUNT DUE SHALL BE NO LESS THAN \$191.25 (\$52.50 + \$138.75) AND NO MORE THAN \$576.25 (\$437.50 + \$138.75)

Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE.

576.25

9. Name and Address of Current Registered Agent

M. Brooks Hayes
P O Box 794
Hwy 275 North
Blountstown, FL 32424

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1351 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/
Document Number

Nan D. Hayes

Hwy 275 North

Blountstown, FL 32424

D. Burke Hayes

Hwy 275 North

Blountstown, FL 32424

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-01/08/96--01077--020
****576.25 ****576.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

M. Brooks Hayes

DATE

12-26-95

Typed or Printed Name of General Partner Signing Form

M. Brooks Hayes

Telephone Number

904-674-5789

CR2E003 (6/95)