MACFARLANE AUSLEY FERGUSON & MCMULLEN

ATTORNEYS AND COUNSELORS AT LAW

A95000001832

111 MADISON STREET, SUITE 2300
P.O. BOX 1531 (ZIP 33601)
TAMPA, FLORIDA 33602
(813) 273-4200 FAX (813) 273-4396

400 CLEVELAND STREET
P. O. BOX 1669 (ZIP 34617)
CLEARWATER, FLORIDA 34615
(813) 441-8966 FAX (813) 442-8470

November 22, 1995

IN REPLY REFER TO:
Tallahassee

800001651768
-12/04/95--01009--015
***1785.00 ***1785.00

A95000001832

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

HAND DELIVERY

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 NOV 28 PM 3:11

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 A. Green
For the Firm

C. TAX
FILING 1750.00
R. AGENT FEE 35.00
C. COPY
TOTAL 1785.00
N. BANK
BALANCE DUE
REFUND

Enclosures
cag\ltr\hayes.sos

RECEIVED
95 NOV 22 PM 3:50
DIVISION OF CORPORATION

BK
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:

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DIVISION OF CORPORATIONS
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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.

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
General Partner

Drayton Burke Hayes II
D. Burke Hayes
General Partner

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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 on 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.

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Nan D. Hayes
Nan D. Hayes
General Partner

Drayton Burke Hayes II
D. Burke Hayes
General Partner

STATE OF FLORIDA

COUNTY OF LEON

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

Signature of Notary

Notary Stamp/Seal:

DAVID J. HULL
MY COMMISSION # CC 309110
EXPIRES: July 29, 1997
Bonded Thru Notary Public Underwriters

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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:

DAVID J. HULL
MY COMMISSION # CC 309110
EXPIRES: July 29, 1997
Bonded Thru Notary Public Underwriters

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EXHIBIT A

Total Capital Contribution
by Limited Partners: $4,717,263

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FILE ON OR BEFORE [redacted] THIS LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND [redacted] PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1996

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

1. Name of Limited Partnership

1a. DOCUMENT # A95 000001832

Brooks Hayes Family Limited Partnership

DO NOT WRITE IN THIS SPACE

95 DEC 28 PM 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

2. New Mailing Address, if Applicable

Suite, Apt. # etc

City, State & Zip

2a. New Principal Office Address, if Applicable

Suite, Apt. # etc

City, State & Zip

Mailing Address	Principal Office Address
P O Box 794 Blountstown, FL 32424	Hay 275 North

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

3. Date Formed or Registered to Do Business in FLORIDA	**3a.** Date of Last Report	**4.** State or Country of Formation
11/22/95	N/A	Florida

5a. Capital Contributions as Shown on Record	**5b.** Amount of Capital Contributions in FLORIDA to date	**6.** FEI Number	Applied For / Not Applicable	**7.** CERTIFICATE OF STATUS REQUIRED ☐
4,790,840	4,790,840	59-3345172		[redacted]

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	**10.** If changed, new Registered Agent/Office
M. Brooks Hayes P O Box 794 Hwy 275 North Blountstown, FL 32424	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	

200001681682
-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/We 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)