

TRANSMITTAL LETTER

		
TO: Registration Section Division of Corporations		
SUBJECT: PULPMILL SERVICES, I	NCORPORATED	
	corporation - must include suffix)	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corpo "Certificate of Existence", and check are sub to transact business in Florida.		
Please return all correspondence concerning	this matter to the following:	
DONNA RICE	·	- Name
	(Name of Person)	
PULPMILL SERVICES, INCORPORATED	~> ~	
	(Firm/Company)	-12/05/0001050005
803 WEST FIRST AVENUE		******78.75 *****78.75
7.7.4	(Address)	
CROSSETT, AR 71635		
	City/State and Zip code)	
For further information concerning this matter	er, please call:	
	,	
DONNA RICE _ at	(870 1) 364-3818	SE SE
(Name of Person)	(Area Code & Daytime Telephon	ne Number)
		FILEI TARYOT
STREET ADDRESS:	MAILING ADDRESS:	
Registration Section Division of Corporations	Registration Section Division of Corporation	9 40 STATE
409 E. Gaines St.	P.O. Box 6327	S TE 40
Tallahassee, FL 32399	Tallahassee, FL 32314	unt.
Enclosed is a check for the following amoun	t:	47th
		•
\$70.00 Filing Fee \$\square\squ		□ \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1.	(Name of corpo words or abbrev	J. SERVICES, INCORPORATED ration; must include the word "INCORPOR viations of like import in language as will clar partnership if not so contained in the name	early	indicate that it is a corporation ins		
2.	ARKANSA	S	<u>`</u> 3. .	36–4352584	_	
	(State or countr	ry under the law of which it is incorporated)	(FEI number, if a	pplicable)	
4.	MARC	-H 3, 2000	5.			
	` (Dat	e of incorporation)		(Duration: Year corp. will cease	to exist or "per	rpetual")
6.		ALIFICATION	_			
	(Date first transa	acted business in Florida. If corporation has (SEE SECTIONS 607.		ransacted business in Florida, inse 607.1502 and 817.155, F.S.)	art "upom qualif	ication.")
7.	803 WES	T FIRST CROSSETT, AR			<u> </u>	
		(Principal office	addn	ess)		
		(Current mailing	addr	ess)		
9.	` -	(s) of corporation authorized in home state of eet address of Florida registered age		•		le) 00
	Name:	CT CORPORATION SYSTEMS		· · · ·	ECRI	
01	ffice Address:	1200 S. PINE ISLAND RD		<u> </u>	HASS	FIL
		PLANTATION _		, Florida <u>33324</u>		П
		(City)		(Zip code)	TIS.	₹ □
H d d e fu	aving been nan signated in thi rther agree to	agent's acceptance: ned as registered agent and to accept s s application, I hereby accept the appo comply with the provisions of all statu familiar with and accept the obligatio	intm tes re	ent as registered agent and ag lative to the proper and comp	gree to act in l lete performa	this capacity. I
	_	ATTACHED				
		(Registered agen	t's sią	gnature)		

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

ACCEPTANCE OF APPOINTMENT

RE: PULPMILL SERVICES, INC.

Pursuant to Sections 48.091 and 607.0501, Florida Statutes, the undersigned acknowledges and accepts its appointment as registered agent of the above corporation and agrees to act in the capacity and to comply with the provisions of the Florida Business Corporation Act (1990) relative to keeping open the registered office at the address specified above. The undersigned is familiar with, and accepts the obligations of, Section 607.0505, Florida Statutes.

Dated: September 27, 2000

C T CORPORATION SYSTEM

Βv

Jonathan L. Miles, Assistant Secretary

OF OF STATE OF STATE

12. Names and	business addresses of o	fficers and/or di	rectors:			
A. DIRECTOR	s					•
Chairman:						
Address:						

Vice Chairman:						
Address:					····	
		<u> </u>				<u>.,,</u>
Director:						
Address:						
						
Director:						
Address:						
			·			
B. OFFICERS						
President: RONNI	E O. MARSH					
Address: 120 O	AK TRATI			<u></u>		
_MONRO	E, LA 71203		Q.F.		SE SE	
	IKE WEBB			· · · · · · · · · · · · · · · · · · ·		
	RENIWOOD CIRCLE				7. SSS 7.	
_CROSS	ETT. AR 71635					
Secretary: DONNA	RICE		 -		92 99 24 1	
Address: 117 B	RENIWOOD CIRCLE	-CROSSETT, AI	71635		>	
Treasurer: DONNA		aroodhii, in	-			
	RENTWOOD CIRCLE	CROSSETT, AF	R 71635	· · · - • · · ·		
Autos.						
NOTE: If neces	sary, you may attach an	addendum to the	application listing	additional officer	s and/or directo:	rs.
13. AOY	nation	••	· <u>*</u>			
(Signature of Chairman,	Vice Chairman, o	or any officer liste	d in number 12 of	the application)	
1.4 DONINIA	מבייסבייות פבייסבייות	DV/mpeactmen				

(Typed or printed name and capacity of person signing application)



Arkansas Secretary of State Sharon Priest

State Capitol • Little Rock, Arkansas 72201-1094 • 501.682.3409

CERTIFICATE

OF EXISTENCE

I, Sharon Priest, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show:

PULPMILL SERVICES, INC.

A corporation chartered under the laws of the State of Arkansas, filed Articles of Incorporation in this office March 3, 2000.

Our records reflect this corporation has paid all fees, taxes and penalties owed to this State, as required to be collected by this office, and has delivered its most current annual corporate franchise tax report to this office.

I certify this corporation has not filed Articles of Dissolution with this office.

IN TESTIMONY WHEREOF, I have set my hand and Official Seal, of 2nd day of 2000	this,	
Sharon Prist		
Sharon Priest Secretary of State		
By: Telly mith	·	
Lesley Smith		

C-3 Rev. 1/00