Account Number FCA00000017 Reference: (Sub Account) Date: Requestor Name: Carlton Fields Address: Post Office Box 190 Tallahassee, Florida 32302 Telephone: (850) 224-1585 Contact Name: Kim Pullen, CLA (x261) Corporation Name: **Entity Number:** Authorization: _ Certified Copy Certificate of Status Mew Filings __Plain Stamped Copy ___ Annual Report _ Fictitious Name ___ Amendments _ Registration (X) Call When Ready (X) Call if Problem) After 4:30 (X) Walk In (X) Pick Up

CF Internal Use Only

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

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|--|---|---------------|--------------|------------|---------------|---------------|-------------------|---------------------------|-------------------------|-------------------|-----------|-----------|
| 1. | | calf I | | | | ,1 E | Oomedd in | INE SIAI | E OF FL | OKA S | 差 | THE P |
| | (Name of corpo words or abbrev natural person o | iations of li | ke import i | n languag | ge as will ck | early | indicate that it | VY", "COR is a corpora | PORATIO ation instea | N° or S d of a | 19 P | FILED " 8 |
| 2. | | | | | 3. | 58-1222 | 2223 | | | 100 m | 9 | |
| - | | | | | | | | | er, if applic | able) | A | س - |
| 4. | 4/2/75 | | | 5. | 5. Perpetual | | | | | | | |
| | (Date of incorporation) | | | | | (Duration: Ye | ar corp. wi | I cease to e | xist or "pe | rpetual") | - | |
| 6. | Upon | qualif | icatio | on | | | | | | | | |
| (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) | | | | | | | | | | | |) |
| 7. | 1033 | South | Reynol | ds S | treet, | Me | etcalfe, | Georgi | .a 31 | 792 | | |
| (Principal office address) | | | | | | | | | | | | |
| 1033 South Reynolds Street, Metcalfe, Georgia 31792 | | | | | | | | | | | | |
| (Current mailing address) | | | | | | | | | | | | |
| 8. | Buying c | | | | | | | | | | same | |
| | (Purpose(| s) of corpora | ation author | rized in h | ome state o | r cot | ıntry to be carri | ed out in st | ate of Flori | da) | | |
| 9. | Name and str | eet addres | s of Flori | da regis | tered ager | ıt: + | (P.O. Box or l | Mail Drop | Box <u>NOT</u> | 'acceptab | le) | |
| | Name: | | , LLC | | - | - | · | | | | | |
| Of | fice Address: | 777 | S. Har | bour | Island | I E | 31vd., 5t | h Floc | r, One | e Harbo | our Pi | lace |
| | _ | Tamp | a . | | | | , Florida | 33602 | -5730 | | | |
| | | | (City) | | | | , | (Zip coo | le) | | | |
| 10 | Registered a | gent's acc | entance• | | | | | | | | | |
| | ving been nam | | | nt and t | o accept se | ervio | ce of process j | or the abo | ve stated | corporatio | on at the | place |
| des | signated in this | applicatio | n, I hereb | у ассерт | t the appoi | ntm | ent as registe | red agent | and agree | to act in | this cape | icity. I |
| ur | ther agree to c | ompiy witi | u ine prov | เรเอทร oi | r au statute | 2S TE | uative to the t | roper and | complete | nertorma | ince of n | zv |

duties, and I am familiar with and accept the obligations of my position as registered agent.

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.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Vice Chairman: Director: Paul W. Bryan, Jr. Address: 1033 South Reynolds Street Metcalfe, Georgia 31792 Director: J. Mack Robinson Address: 4370 Peachtree Road, N.E. Atlanta, Georgia 30319 B. OFFICERS Paul W. Bryan, Jr. - Chief Executive Officer President: 1033 South Reynolds Street Address: Metcalfe, Georgia 31792 Vice President J. Mack Robinson - Chief Financial Officer 4370 Peachtree Road, N.E. Address: Atlanta, Georgia 30319 Robert L. McGee Secretary: 1408 East Washington Street Address: _ Treasurer: ____Thomasville, Georgia 31792 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signanure of Chairman, Vis Chairman or any officer listed in number 12 of the application)

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

Paul W. Bryan, Jr. President

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 DOCKET NUMBER : 021341149
CONTROL NUMBER : H502242
DATE INC/AUTH/FILED: 04/02/1975
JURISDICTION : GEORGIA
PRINT DATE : 05/14/2002
FORM NUMBER : 211

METCALF LUMBER CO., INC.

1033 S. REYNOLDS ST. METCALF, GA 31792



CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

METCALF LUMBER CO., INC. A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the abovenamed entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



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Cathy Cox Secretary of State