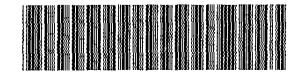
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
8/3
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### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Flint Kiver Forest Products.	Tra
(Name of corporation - must include suffix)	)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to Transa "Certificate of Existence", and check are submitted to register the above refere to transact business in Florida.	
Please return all correspondence concerning this matter to the following:	D3 AL
First River Forcest Products Lu (Firm/Company)	ASSET I
POBOX 1184 or 903 Ternique Stands	freet & D
Perry Georgia 31069 (City/State and Zip code)	
For further information concerning this matter, please call:	
To Au J. Truin at (478) 987-2105 (Area Code & Daytime Teleph	
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399  MAILING ADDRES Registration Section Division of Corporati P.O. Box 6327 Tallahassee, FL 3239	ons
Enclosed is a check for the following amount:	
S70.00 Filing Fee & Certificate States Certified Copy	\$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. Flist Kiverhorest traducts. Juc
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a
natural person or partnership if not so contained in the name at present.)
natural person or partnership if not so contained in the name at present.)  1. Second 2 358-2090617 (FEI 58-0536463)
2. CONGID 338-20906/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1
2/21/21 Pad 1
(Day of incorporation)  (Duration: Year corp. will cease to exist or "perpetual")
6. Or Day on has been in active 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. P.O Box 1184 or 903 Jeruinan Street Perry 6 A3106
(Principal office address)
Some As About
(Current mailing address)
8. Wholesale sales of torest products to re-sullers
(Furpose(s) of corporation authorized to home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name: Steve Mc Kowa
Office Address: Flat River to ducts
4844 W. Gardy Blad, Florida 33611-300 5
13 M/a , Florida 33611-300 \$ 5 (City) (Zip code)
10. Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated corporation at the place
designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my
duties, and I am familiar with and accept the obligations of my position as registered agent.
OA 1 TACK
Stopus J. Milloung
(Registered agent's signature)

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: 1184 or 903 Terrigan St Vice Chairman: Address: \_\_ Address: \_\_\_ **B. OFFICERS** 903 Jernigan Address: Vice President: Address: Address: \_\_\_\_\_\_ Treasurer: Address: \_ NOTE: If necessary, you may attach an addendup, to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

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

### **Secretary of State**

**Corporations Division** 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CONTROL NUMBER : K405388 DATE INC/AUTH/FILED: 02/24/1994 JURISDICTION : GEORGIA PRINT DATE : 08/07/2003 FORM NUMBER

WALKER, HULBERT, GRAY & BYRD, LLP SKEET HULBERT 909 BALL STREET PERRY, GA 31069

#### 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 as of the above print date

A GEORGIA PR is in compliance with the applicable filing and annu of Title 14 of the Official Code of Georgia Annotated registration provision:

Said entity was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date and has not filed articles of dissolution, certaficate of Cancellation or any other similar document with the Office of the Secretary of State.

This certificate celates only to the legal existence of the above-named entity as of the print date above I 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 information is issued and certified in accordance with the Georgia Electronic Records and Signatures Act and Title 1s 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.

20030807163625982

Cathy Cox Secretary of State