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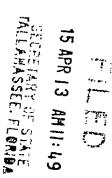
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| Certified Copies | Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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S. GILBERT

COVER LETTER

| TO: New Filing Section Division of Corporations |
|--|
| SUBJECT: <u>Evergreen to rest roducts Inc</u> Name of corporation - must include suffix |
| Dear Sir or Madam: |
| The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida. |
| Please return all correspondence concerning this matter to the following: |
| Name of Person Evergreen Forst Products INC Firm/Company |
| Address Fufaula 130002 City/State and Zip code |
| KCYOUCH D-Imber land harvesters Com E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Name of Person at (334) USD-10000000 Area Code & Daytime Telephone Number |
| STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building Clifton Building P.O. Box 6327 Clifton Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |
| Enclosed is a check for the following amount: |
| \$70.00 Filing Fee \$\Boxed{\sigma} \$78.75 Filing Fee & \$\Boxed{\sigma} \$78.75 Filing Fee & \$\Boxed{\sigma} \$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. |
|---|
| Elerareen Forest Products Inc. |
| (Enter name of corporation; must include 'TNCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") |
| |
| (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) |
| 2. (State or country under the law of which it is incorporated) (FEI number, if applicable) |
| (State or country under the law of which it is incorporated) (FEI number, if applicable) |
| (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") |
| 6. (Date first transacted business in Florida, if prior to registration) |
| (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) |
| 7. 9183 MObile Kood Greenfile at 3000 |
| POPOX 87 CHARANIAL 36015 |
| (Current mailing address) |
| 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) |
| Name: ROBAT BOASters |
| Office Address: 226 toSt Government St |
| Pensacola, Florida 32502 |
| (City) (Zip code) |
| 9. 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. |
| |
| |
| (Registered agent's signature) |
| 10. 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. |

11. Names and business addresses of officers and/or directors:

| A. DIRECTORS |
|---|
| Chairman: |
| Address: |
| |
| Vice Chairman: |
| |
| Address: |
| Director: |
| \cdot |
| Address: |
| D |
| Director: |
| Address: |
| |
| B. OFFICERS |
| President: |
| Address: YOBY 130 |
| Eufaula / AL 36072 |
| Vice President: |
| Address: |
| |
| Secretary: |
| Address: |
| Treasurer: |
| |
| |
| NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. |
| 12. Signature of Director or Officer |
| The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein |
| are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. |
| 13. <u>Lanier J. Edwards</u> |
| (Typed or printed name and capacity of person signing application) |

John H. Merrill Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Evergreen Forest Products, Inc. was formed in Butler County, Alabama on March 3, 1993. The Alabama Entity Identification number for this entity is 155-151. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



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In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

4/8/2015

Date

X 24. Menill

John H. Merrill

Secretary of State