

F230000004973

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

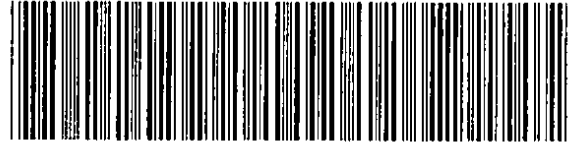
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W230000 98966

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The
Reynolds
Law Firm, PC

Focused on what is important to you.

555 NW 5th Street
Corvallis, OR 97330
Phone: 541-738-1800
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Lorena Reynolds, Mediator & Attorney at Law
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Justin Wirth, Attorney at Law
Bob Tyler, Attorney at Law
Emma Durbin, Attorney at Law
Blossom Van Kinkle, Attorney at Law

August 17, 2023

Florida Secretary of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Via USPS

Re: Application for Authorization – Miller Timber Services, Inc.
Ref. Number: W23000098966

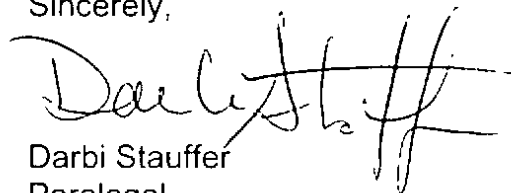
Dear Secretary:

Enclosed please find the following documents for filing with the Secretary of State:

- 1) Application for Foreign Corporation for Authorization to Transact Business for Miller Timber Services, Inc.;
- 2) Original Certificate of Existence for Miller Timber Services, Inc., issued by the State of Oregon; and
- 3) Letter Number 023A00016072.

The filing fee of \$70.00 was previously provided by check as referenced in letter number 023A00016072. Feel free to notify our office if there are any additional documents or fees required to complete this filing.

Sincerely,



Darbi Stauffer
Paralegal

RECEIVED

AUG 23 2023

/dcs

Enclosures: Certificate of Existence; Application for Authorization; Letter Number 023A00016072

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Miller Timber Services, Inc.

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:

Justin Wirth, attorney for Miller Timber Services, Inc.

Name of Person

The Reynolds Law Firm, P.C.

Firm/Company

555 NW 5th Street

Address

Corvallis, Oregon 97330

City/State and Zip code

susan@millertimber.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Justin Wirth

at (541)

738-1800

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
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. Miller Timber Services, Inc.
(Enter name of corporation; must include "INCORPORATED," "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. Oregon 3. 93-0771356
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. June 16, 1982 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. April 5, 2023
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 24745 Alsea Highway, Philomath, Oregon 97370
(Principal office street address)
- P.O. Box 638, Philomath, Oregon 97370
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

Nichol McCroy
(Registered agent's signature)

Nichol McCroy, Assistant Secretary

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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

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CLERK OF THE COURT
JACKSONVILLE, FLORIDA

A. DIRECTORS

☐ Chairman Name: Lee Miller
☐ Vice Chairman Address: 24745 Alsea Highway
☐ Director Philomath, Oregon 97370
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

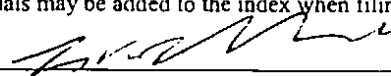
☐ Chairman Name: Belinda Sue Miller
☐ Vice Chairman Address: 24745 Alsea Highway
☐ Director Philomath, Oregon 97370
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12.  _____
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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. Lee Miller, President
(Typed or printed name and capacity of person signing application)

State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

Certificate of Existence 1489277

I, CHERYL MYERS, ACTING SECRETARY OF STATE and Custodian of the Seal of said State, do hereby certify:

MILLER TIMBER SERVICES, INC.

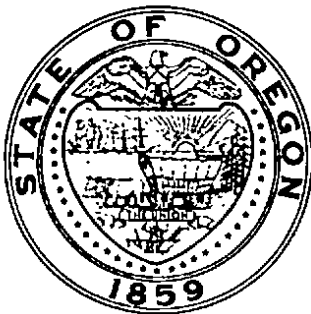
is

Incorporated

under the laws of The State of Oregon

and is active on the records of the Corporation Division as of the date of this certificate.

*In Testimony Whereof, I have hereunto
set my hand and affixed hereto the
Seal of the State of Oregon.*



A handwritten signature in cursive script, appearing to read "Cheryl Myers".

CHERYL MYERS, ACTING SECRETARY OF STATE

Issued Date: 6/27/2023



Come visit us on the internet at: <https://sos.oregon.gov/business>
or use the QR code to check their current status.