

L14000000565

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

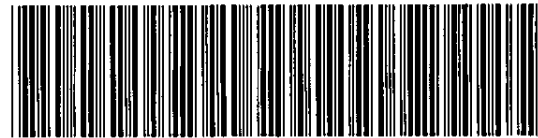
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500271671425

04/17/15--01005--006 \*\*55.00

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
15 APR 17 AM 10:07  
FOR DELIVERY  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

FILED  
15 APR 17 PM 12:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 20 2015

# AUSLEY McMULLEN

ATTORNEYS AND COUNSELORS AT LAW

123 SOUTH CALHOUN STREET  
P.O. BOX 391 (ZIP 32302)  
TALLAHASSEE, FLORIDA 32301  
(850) 224-9115 FAX (850) 222-7560  
Writer's Direct Line: (850) 425-5457

April 17, 2015

Secretary of State  
2661 Executive Center Circle West  
Tallahassee, Florida 32301

**VIA HAND DELIVERY**

Re: **Newport Road Timberlands, LLC**  
Document Number L14000000565

Dear Madam/Sir:

Enclosed are an original and one copy of the Second Amended and Restated Articles of Organization for Newport Road Timberlands, LLC, a limited liability company. Also enclosed is this firm's check in the amount of \$55.00, comprised of the \$25.00 filing fee and the \$30.00 certified copy fee.

If you will notify me when the certified copy is ready, I will have our messenger return to retrieve it. In the meantime, please do not hesitate to call me at (850) 425-5457 if you have any questions or need anything further to file this amendment.

Thank you in advance for your usual assistance in these matters.

Sincerely,



Donna Marie Walters, FRP  
Florida Registered Paralegal

/dmw

Enclosures

h:\art\clients\business\layne.tony\newport rd timber\lrsos ltr 20150417 nrt lic a&r arts.docx  
020678.150298

**SECOND AMENDED AND RESTATED  
ARTICLES OF ORGANIZATION  
OF  
NEWPORT ROAD TIMBERLANDS, LLC**

FILED  
15 APR 17 PM 12:20  
TALLAHASSEE, FLORIDA

The undersigned, pursuant to the provisions of Chapter 605, Florida Statutes, provides the following information for the purpose of amending and restating the Articles of Organization of **Newport Road Timberlands, LLC**, which was formed under the laws of the State of Florida.

**ARTICLE 1.  
Name**

The name of the Limited Liability Company is **Newport Road Timberlands, LLC**.

**ARTICLE 2.  
Address**

The street and mailing address of the place of business in Florida is:

20757 NE County Road 69-A  
Blountstown, Florida 32424

**ARTICLE 3.  
Registered Agent and Registered Office**

The name and Florida street address of the registered agent in Florida for the Limited Liability Company are:

**Ausley & McMullen, P.A.**  
123 South Calhoun Street  
Tallahassee, Florida 32301-1517

*Having been named as registered agent and as the person to accept service of process for the above-stated limited liability company at the place designated in these Articles, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 658, Florida Statutes.*

*s/Aaron R. Holloway*

**Ausley & McMullen, P.A., Registered Agent**

**ARTICLE 4.  
Management**

The Limited Liability Company shall be managed by at least one Manager. The name and address of the Manager are as follows:

**James Copeland, Manager**

11276 NW Lake Mystic Road  
Bristol, Florida 32321

IN WITNESS WHEREOF, the undersigned has executed these Amended and Restated Articles of Organization this 15th day of April, 2015.

***In accordance with Section 605.0203(1)(b), F.S., the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third-degree felony as provided for in Section 817.155, F.S.***

*s/Aaron R. Holloway* \_\_\_\_\_

**AARON R. HOLLOWAY**

Authorized Representative of Member