Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000000096 3)))



H140000000963ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

Erom:

Account Name : FOLEY & LARDNER Account Number : 072720000061 Phone : (904)359-2000 Fax Number : (904)359-8700

RECEIVED

JAN -2 AN 9:00

OREDARY OF STATE

*Enger the email address for this business entity to be used for future on Lannual report mailings. Enter only one email address please.**

FLORIDA LIMITED LIABILITY CO. Ochlockonee Timberlands, LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 1 |
| Page Count | 01 |
| Estimated Charge | \$155.00 |

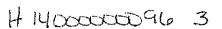
2014 JAN -2 AM 8: 17 SECRETARY OF STATE

Electronic Filing Menu

Corporate Filing Menu

Help

JAN - 3 2013



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Ochlockonee Timberlands, LLC.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company are: 79 South Main Street, Suite 1110, Salt Lake City, Utah 84111.

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

F & 1. Corp.

Name

One Independent Drive, Suite 1300

Florida street address (P.O. Box NOT acceptable)

Jacksonville, FL 32202 City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. 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 completed performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

F & L CORP.

3y) 🛶

Authorized Signatory

(An additional article must be added if an effective date is requested)

Signature of a member or an authorized representative

(the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Boyd J. Black, Authorized Representative of Member
Typed or printed name of signee

H 14 accord 96 3