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Capitol Services, Inc. 2750 Old St. Augustine Rd., N-145 Tallahassee, FL 32301 (850) 878-4734 Kathi or Brent Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): 5/viculture (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Certified Copy **⊠** Walk in \boxtimes Pick up time $\frac{3/14/07}{}$ ertificate of Status ☐ Mail Out □ Will wait □ Photocopy **NEW FILINGS AMENDMENTS** □ Profit □ Amendment □ Not for Profit ☐ Resignation of R.A., Officer/Director Limited Liability □ Change of Registered Agent □ Domestication □ Dissolution/Withdrawal □ Other □ Merger **REGISTRATION/QUALIFICATION OTHER FILINGS** Foreign ☐ Annual Report □ Fictitious Name □ Limited Partnership □ Reinstatement □ Trademark □ Other **Examiner's Initials**

CR2E031(7/97)

COVER LETTER

OTHAR IN PH 2: 32

TO: Registration Section
Division of Corporations

SUBJECT: DELAWARE SILVICULTURE & TIMBERLAND, LLC

(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida...

Please return all correspondence concerning this matter to the following:

Peter Z. Skokos, Esq.				
(Name of Person)				
Norton, Hammersley, Lopez & Skokos, P.A.				
(Firm/Company)				
1819 Main Street, Suite 610				
(Address)				
Sarasota, FL 34236 (City/State and Zip Code)				

at (941) 954-4691

For further information concerning this matter, please call:

Peter Z. Skokos, Esq.

	(Name of Person)	(Area Code & Daytime Telephone Number)	
	MAILING ADDRESS:	STREET ADDRESS:	
	Division of Corporations	Division of Corporations	
	P.O. Box 6327	Clifton Building	
	Tallahassee, FL 32314	2661 Executive Center Circle	
	•	Tallahassee, FL 32301	

\$125.00 Filing Fee \$\sum \\$130.00 Filing Fee & \$\sum \\$\sum \\$\$ \sum \\$\$ Certificate Copy \$\sum \\$\$ Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. DELAWARE SILVICULTURE & TIMBERLAND, LLC			
(Name of Foreign Limited Liability Company)			
2. Delaware 3 14-1986673			
2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 14-1986673 (FEI number, if applicable)			
4. July 17, 2006 (Date of Organization) 5. perpetual (Duration: Year limited liability company will cease to			
exist or "perpetual")			
6. None prior to registration			
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)			
7. 1991 Main Street, Suite 222			
6. None prior to registration (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 1991 Main Street, Suite 222 Sarasota, FL 34236 (Street Address of Principal Office)			
(Street Address of Principal Office)			
8. If limited liability company is a manager-managed company, check here			
9. The name and usual business addresses of the managing members or managers are as follows:			
FLORIDA SILVICULTURE & TIMBERLAND, LLC			
1991 Main Street, Suite 222			
Sarasota, FL 34236			
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)			
11. Nature of business or purposes to be conducted or promoted in Florida:			
Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)			
Peter 7 Skokos Esa Authorized Representative of Momber			

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

DELAWARE SILVICULTURE & TIMBERLAND, LLC

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

Peter Z. Skokos, I	Esq.			
	(Name)			
1819 Main Stree	t, Suite 610			
Florida Street Address (P.O. Box NOT ACCEPTABLE)				
Sarasota	_{FL} 34236			
	City/State/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 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 608, Florida Statutes.

(Digitalitate)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Delaware

PAGE 3

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DELAWARE SILVICULTURE & TIMBERLAND, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTH DAY OF JANUARY, A.D. 2007.



Larriet Smith Window Savetaw of State

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5325531

DATE: 01-04-07