0000004112

(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



300185024993

RECEIVED

B. KOHR

SEP 17 2010

EXAMINER

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

09-17-10

NAME:

MOLPUS TIMBERLANDS GROUP, LLC

TYPE OF FILING: FOREIGN APPLICATION FOR LLC

COST:

RETURN:

ACCOUNT: FCA00000015

\$125

AUTHORIZATION:

ABBIE/PAUL

10 St.8 17 84 1:35

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLIOWING IS SUBMITTED TO REGISTER A FOREKIN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Molpus Timberlands Management, LLC	VIIID MAIDOF FLORIDA.
(Name of Foreign Limited Liability Company; must	t include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the consent of the managers or managing members adopting the Company," "L.L.C.," "L.L.C.,"	purpose of transacting business in Florida and attach a copy of the writte he alternate name. The alternate name must include "Limited Liability
2. Mississippi	3. 64-0914607
(Jurisdiction under the law of which foreign limited linki company is organized)	ility (FEI number, if applicable)
4. 6/18/1999	5. perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual") in Florida, if prior to registration.) 2 F.S. to determine penalty liability) Iress of Principal Office)
(Date first transported business	in Clarida (finday to registration)
(See sections 608.501 & 608.502	in Florida, if prior to registration.) 2 F.S. to determine penalty liability)
7. 178 Bonhomie Road, Hattiesburg, MS 39401	
	* 3
(Street Add	fress of Principal Office)
3. If limited liability company is a manager-mana	ged company, check here 🗸
. The name and usual business addresses of the r	managing members or managers are as follows:
The Molpus Company, 502 Valley View Drive, Phil	ladelphia, MS 39350
 Attached is an original certificate of existence, no more than e jurisdiction under the law of which it is organized. (A photo anslation of the certificate under oath of the translator must be 	n 90 days old, duly authenticated by the official having custody of records in ocopy is not acceptable. If the certificate is in a foreign language, a submitted.)
1. Nature of business or purposes to be conducted	d or promoted in Florida:
real estate management and/or investment	
Tenell 6/m	inter
	authorized representative of a member.
(In accordance with section 608.408), an affirmation under the penalties of	(3), F.S., the execution of this document constitutes perjury that the facts stated herein are true.)
Terrell Winstead, CFO of The	

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 Con	npany is:
Molpus Timbe	rlands Management, LLC	
If name unava	ailable, the alternate name to	be used in the state of Florida is:
2. The name	and the Florida street addres	s of the registered agent and office are:
	NRAI Services, Inc.	
		(Name)
	2731 Executive Park Drive,	Suite 4
	Florida Street A	ddress (P.O. Box NOT ACCEPTABLE)
	Weston	FL 33331 City/State/Zip
		Спутиностр
liability compa agent and agr relating to the obligations of NRAI Services	any at the place designated in see to act in this capacity. I fu proper and complete perforn my position as registered age	I to accept service of process for the above stated limited this certificate, I hereby accept the appointment as registered rther agree to comply with the provisions of all statutes nance of my duties, and I am familiar with and accept the as provided for in Chapter 608, Florida Statutes.
By: Cl	ulles ligh	
	(Signature) - Assistant Secretary	
	\$ 100.0	
	\$ 25.0 \$ 30.0	
	\$ 30.0 \$ 5.0	

State of Mississippi

Office of the Secretary of State C. Delbert Hosemann, Jr., Secretary of State Jackson, Mississippi

CERTIFICATE

I. C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify that:

MOLPUS TIMBERLANDS MANAGEMENT, LLC

Formed June 18, 1999

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

4268 I-55 NORTH, MEADOWBROOK OFFICE PARK POST OFFICE BOX 14167 JACKSON MS 39236

and that the registered agent at that address is:

DAVID WEBB

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office and that said Limited Liability Company is in good standing to do business in Mississippi at this time.



Given under my hand and seal of office September 16, 2010

C. Delbert Hosemann, Jr. Secretary of State

Certification Number: 12270547-1 Page 1 of 1 Reference: Verify this certificate online at https://business.sos.state.ms.us/corp/soskb/verify asp