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COVER LETTER

TO:

Registration Section

Division of Corporations	
SUBJECT: SCN Paper 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:	
Nancy Rhoney Name of Person	
SCN Paper LLC Firm/Company	
7580 Fargo Rd Address	
City/State and Zip Code	
Weekly Jester @ Janoo, Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Nancy Rhoney at (810) 479-4321 Name of Person Area Code & Daytime Telephone Number	
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	
Enclosed is a check for the following amount: \$\sigma \frac{1}{2}	

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

	APLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIG OLIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1	SCN Paper LLC Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
conse	e unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the writte of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability by," "L.L.C," "LLC.")
2	MT 3. 27-1049139 diction under the law of which foreign limited liability (FEI number, if applicable)
(Jur	MT diction under the law of which foreign limited liability any is organized) 3. A 1-1049139 (FEI number, if applicable)
4	19-18-2009 5. Per Petual (Date of Organization) (Duration: Year limited liability company will cease to
	exist or "berpetual")
6	70172 20172
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7	7580 Fargo Rd
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7580 Fargo Rd Vale, MI 48097 (Street Address of Principal Office)
	(Street Address of Principal Office)
8. If	mited liability company is a manager-managed company, check here
9. II	name and usual business addresses of the managing members or managers are as follows:
_	Bonnie McGlynn 8448 Ibis Cove Circle
	8448 Ibis Cove Circle
	Naples FL 34119
the juri transla	ched is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in liction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a on of the certificate under oath of the translator must be submitted.)
11. N	iture of business or purposes to be conducted or promoted in Florida: Advertising
	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. 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 s.817.155, F.S.) Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

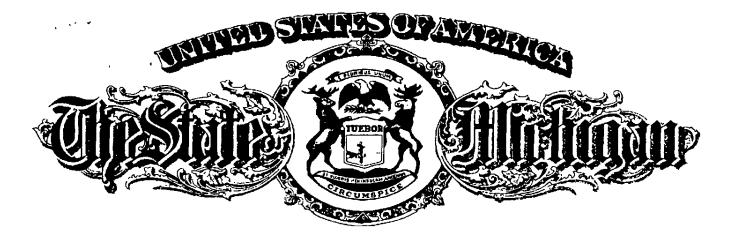
PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

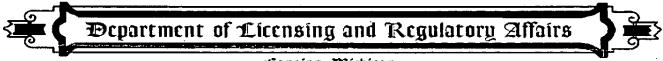
1. The name of the Limited Liability Company is:		
SCN Paper LLC		_
If unavailable, the alternate to be used in the state of Florida is:		
2. The name and the Florida street address of the registered agent and office are: Bonnie McGlynn (Name) 8448 bis Cove Circle Florida Street Address (P.O. Box NOT ACCEPTABLE)	2012 APR -5 PH 1: 46	
Naples FL 34119 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.

(Signature)

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





Lansing, Michigan

This is to Certify That

SCN PAPER LLC

was validly organized on September 18, 2009 as a Limited Liability Company. Said Limited Liability Company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23, as amended, to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 19th day of March, 2012

Bureau of Commercial Services