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(Requ	estor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to Fil	ing Officer	
Special Instructions to Fil	ing Officer:	





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AUG 1 4 2014 HAMPTON

COVER LETTER

TO: **Registration Section Division of Corporations**

Lyme Lafayette Forest Company 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 c	oncerning this matter to the	e following:		
Bob St.	James			
	Ŋ	Name of Person		· · · · · ·
The Lyr	ne Timber C	Company		
	F	Firm/Company		
23 Sout	th Main St., ¹	Third Floo	or	
		Address	_	
Hanove	er, NH 03755	5		
	-	State and Zip Code		
bstjame	s@lymetimb	er.com		
	E-mail address: (to be use	ed for future annual rep	ort notification	
For further information concerning	g this matter, please call:			
Bob St. Jar	nes	_{at (} 603	643-3	300
Name o	f Contact Person	Area Code	Daytime	Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	Division Regist Clifton 2661 I	on of Corporations ration Section n Building Executive Center Cir lassee, FL 32301	cle	
Enclosed is a check for the f				
□ \$125.00 Filing Fee	□ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Certified Cop	_	\$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Lyme Lafayette Forest Company LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC,")
Doloworo 45 3536574
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)
company is organized) 4 July 9, 2014
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. c/o The Lyme Timber Company, 23 South Main St., Third Floor
Hanover, NH 03755
(Street Address of Principal Office)
6. Same as above P≤ ₹
AUG AUG
(Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are
LTC Management, LLC, Manager
c/o The Lyme Timber Company, 23 South Main St., Third Floor
Hanover, NH 03755
8. 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)
Mmy R//Mm/
Signature of an authorized person (In accordance with section 605 0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are to

(In accordance with section 605.0203, 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.)

Thomas R. Morrow

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OF AGENT IN THE STATE OF FLORIDA.	FICE AND REGISTERED
1. The name of the Limited Liability Company is:	
Lyme Lafayette Forest Company 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:

Hopping Green & Sams, P.A. (Name)

119 South Monroe Street, Suite 300

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Tallahassee FL 32301

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 605, Florida Statutes.

(Signature) It's Vice President

\$ 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

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "LYME LAFAYETTE FOREST COMPANY 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 FIRST DAY OF AUGUST, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5550861 8300

141023465

AUTHENT CATION: 1585858

DATE: 08-01-14

You may verify this certificate online at corp.delaware.gov/authver.shtml