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SECRETARY OF STATE

D. BRUCE DEC 07 2016

COVER LETTER

TO: Registration Section Division of Corporatio	ns			
SUBJECT:	CWS FULLY Sin	MCCS, UC Limited Liability Company		
The enclosed "Application by Fo Existence, and check are submitted				
Please return all correspondence	concerning this matter to the	following:		
***************************************	Kandall W	ade Skipper ame of Person		
	RWS Forest	SEVY (5, LLC m/Company	/	
	924 Azak	Address	FECT TALL	
	Black SM City/Si	EUT GA 315 ate and Zip Code	AHASSEE	F C
		for future annual report not	COM FESSIFICATION) FESSIFICATION	A : 05
For further information concerning			•	
Name of	SKIPPER of Contact Person	at (912) Area Code Day	28u - 7853 rtime Telephone Numb	per
MAILING ADDRESS: Division of Corporation: Registration Section P.O. Box 6327 Tallahassee, FL 32314		Division Registrat Clifton B 2661 Exe	of Corporations ion Section uilding cutive Center Circle iee, FL 32301	Attn: Deborah Bruce 850-245-6984
Enclosed is a check for the follow \$125.00 Filing Fee	ring amount: D \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fe of Status & Certified	

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 LIAB COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	ILTY
1. Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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.") 2.	
company is organized)	
4. Disiness yet (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
5	
924 Malea St Black Snear 6 tt 31516 Fr = (Street Address of Principal Office)	
924 Azalea St Blacksnear 6th 31516 CM I I	
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
Name: Brandi Haddock	
Office Address: 553079 US Ituiy 1	
Office Address: 553079 WS Huiy! Hilliad, Florida 30046 (City) (Zip code)	
(City) (Zip code) Registered agent's acceptance:	
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 application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further age to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent.	ree
V (Registered agent's signature)	
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: R Wade Skipper - Manager - 924 Halea Street	
R Wade Skipper ; manager - 924 Azalea Street Blacksnear & 31514	
9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oat of the translator must be submitted)	h
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.	
R. Made SKipper Typed or printed frame of signce	

Control Number: 14051621

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

RWS Forest Services, LLC

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is primafacie evidence that said entity is in existence or is authorized to transact business in this state.

> Docket Number Date Inc/Auth/Filed Jurisdiction

:05/23/2014

Print Date Form Number

:Georgia :11/10/2016

:13567350



Brian P. Kemp Secretary of State