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#### TO: Registration Section Division of Corporations

### FIRST COAST LAND AND TIMBER LLC

SUBJECT: \_

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:

JOHN T. SEFTON, ESQ.

Name of Person

SHEFTALL & ASSOCIATES, P.A.

Firm/Company

I INDEPENDENT DRIVE, SUITE 3201

Address

JACKSONVILLE, FLORIDA 32202

City/State and Zip Code

SEFTON@SHEFTALLLAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person	Area Code Daytime Telephone	lumbe
MAILING ADDRESS:	STREET ADDRESS:	
Division of Corporations	Division of Corporations	
Registration Section	Registration Section	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Cir	ele
	Tallahassee, FL 32301	

■ \$125.00 Filing Fee ↓ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate Certificate of Status ↓ Certified Copy ↓ 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. FIRST COAST LAND AND TIMBER LLC

(Name of Foteign Limited Liability Company	y, must include "Limited Liability Company," "L.L.C.," or "LLC.")

4. N/A (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 MR. RICHARD FEASER (Street Address of Principal Office) 9 WEST 57TH STREET, SUITE 5000 9 WEST 57TH STREET, SUITE 5000	Liability Company," "L.I.,C," or "LI,C,")	
(Initial Constant of the law of which foreign limited liability company is organized)         (Plant (Initial Constant State Constant S	_	
(Due livs transacted basiness in Florida, if prove to registration 1 (See sections 600 MOR A 603 5003, L.S. to determine penalty hishing)         C/O MR. RICHARD FEASER (See sections 600 MOR A 603 5003, L.S. to determine penalty hishing)         9 WEST 57TH STREET, SUITE 5000       9 WEST 57TH STREET, SUITE 5000         9 WEST 57TH STREET, SUITE 5000       9 WEST 57TH STREET         NEW YORK, NEW YORK 10019-2701       NEW YORK, NEW YOR         Name and street address of Florida registered agent: (P.O. Box NOT acceptable)       Name:         JOHN T, SEFTON, ESQ.       JOHN T, SEFTON, ESQ.         Office Address:       1 INDEPENDANT DRIVE, SUITE 3201         JACKSONVILLE       , Florida 32202         (2a)       (2a)         (Registered agent 's acceptance:         taving been named as registered agent and to accept service of process for the above stated limit (esignated in this application, 1 hereby accept the appointment as registered agent and agree to a comply with the provisions of all statutes relative to the proper and complete performance of n and accept the obligations of my position as registered agent.         (Use attachments if necessary)       0. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official urisdiction under the law of which it is organized. (If the certificate is in a foreign language, a trans of the translator must be submitted)         0. This document is executed in accordance with section 503 (D02 (1) (b). Florida Statutes. I am a abmitted in a docume	umber, il applicable)	
C/O MR. RICHARD FEASER C/O MR. RICHARD FEASER O/// User Address of Principal (MEer) O/// WEST 57TH STREET. SUITE 5000 New YORK. NEW YORK 10019-2701 New YORK. NEW YORK 10019-2701 New YORK. NEW YORK 10019-2701 Name: JOHN T. SEFTON, ESO. Office Address: INDEPENDANT DRIVE. SUITE 3201 JACKSONVILLE , Florida 32202 (Cip) Registered agent's acceptance: Registered agent is acceptance: Registered agent with the provisions of all statutes relative to the proper and redpine performance of n ind accept the obligations of my position as registered agent (Egenstered agent with or capacity and address of the person(s) who has/have authority to manage is/an Title or Capacity: MANAGER GREG ALEXANDER 9 WEST 57TH ST., STE, 5001 NEW YORK, NY 10019 (Use attachments if necessary) Attached is a certificate of existence, no more than 90 days old, duly authenticated by the officia urisdiction under the law of which it is organized. (If the certificate is in a foreign language, a trans of the translator must be submitted)		
INSTRET Address of Principal Officer       INMAINAGE         9 WEST 57TH STREET, SUITE 5000       9 WEST 57TH STREET, SUITE 5000         NEW YORK, NEW YORK 10019-2701       9 WEST 57TH STREET         Name and street address of Florida registered agent: (P.O. Box NOT acceptable)       Name:         Name:       JOHN T. SEFTON, ESO.         Office Address:       1 INDEPENDANT DRIVE. SUITE 3201         JACKSONVILLE       , Florida 32202         (Cay)       (Cay)         Registered agent's acceptance:       1000 methods accept service of process for the above stated limit esignated in this application. I hereby accept the appointment as registered agent and agree to a comply with the provisions of all statutes relative to the proper and complete performance of n ad accept the obligations of my position as registered agent.         Registered agent (signature)       Name and Address:         Title or Capacity:       Name and Address:         MANAGER       GREG ALEXANDER         9 WEST 57TH ST., STE. 5001         NEW YORK, NY, 10019         Use attachments if necessary)         A Attached is a certificate of existence, no more than 90 days old, duly authenticated by the officia arisdiction under the law of which it is organized. (If the certificate is in a foreign language, a trans of the translator must be submitted)         0. This document is executed in accordance with section 605 D003 (1) (b). Florida Statutes. I am a ubmitted in a document to the Department of State c		
9 WEST 57TH STREET, SUITE 5000       9 WEST 57TH STREET, SUITE 5000         NEW YORK, NEW YORK 10019-2701       NEW YORK, NEW YORK 10019-2701         Name and street address of Florida registered agent: (P.O. Box NOT acceptable)         Name:       JOHN T. SEFTON, ESQ.         Office Address:       HINDEPENDANT DRIVE, SUITE 3201         JACKSONVILLE       , Florida 32202         (Cay)       (Cay)         Registered agent's acceptance:       INDEPENDANT DRIVE, SUITE 3201         Iaving been named as registered agent and to accept service of process for the above stated limit veignated in this application. J hereby accept the appointment as registered agent and agree to a comply with the provisions of all statutes relative to the proper and to the proper and to process for the above stated limit veignated in this application. J hereby accept the appointment as registered agent and agree to a comply with the provisions of all statutes relative to the proper and to the proper and to process for the above stated limit veignated in this application. J hereby accept the appointment as registered agent state agreed window         R. The name, title or capacity and address of the person(s) who herebare authority to manage is/are Title or Capacity:         MANAGER       GREG ALEXANDER         9 WEST 57TH ST, STE 5001         NEW YORK, NY 10019         9 WEST 57TH ST, STE 5001         NEW YORK, NY 10019         9 WEST 57TH ST, STE 5001         NEW YORK, NY 10019         9 WEST 57TH ST, S	EASER	
NEW YORK. NEW YORK 10019-2701       NEW YORK, NEW YOR         Name and street address       of Florida registered agent: (P.O. Box NOT acceptable)         Name:       JOHN T. SEFTON, ESO.         Office Address:       1 INDEPENDANT DRIVE. SUITE 3201         JACKSONVILLE       . Florida         (Cay)       . Florida         Registered agent's acceptance:       . Florida         taving been named as registered agent and to accept service of process for the above stated limit signated in this application. I hereby accept the appointment as registered agent and agree to a comply with the provisions of all statutes relative to the proper and trochrighter performance of n accept the obligations of my position as registered agent.         IRegistered agent 's accept here provisions of all statutes relative to the proper and trochrighter performance of n and accept the obligations of my position as registered agent.         IRegistered agent 's information of my position as registered agent.         IRegistered agent 's information of my position as registered agent.         IRegistered agent 's information of my position as registered agent.         IRegistered agent 's information of my position as registered agent.         IRegistered agent 's information of my position as registered agent.         IRegistered agent 's information of my position as registered agent.         IRegistered agent 's information of my position as registered agent.         IRegistered agent 's information of my position agent and address:<	(Mailing Address) 9 WEST 57TH STREET, SUITE 5000	
A. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)         Name:       JOHN T. SEFTON, ESQ.         Office Address:       I INDEPENDANT DRIVE, SUITE 3201         JACKSONVILLE	NEW YORK, NEW YORK 10019-2701	
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JOHN T. SEFTON /	slation of the certificate under oa ware that any false information	
Iyped or printed name of signee		

<u>Delaware</u>

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FIRST COAST LAND AND TIMBER 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 FIFTEENTH DAY OF NOVEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



6477083 8300 SR# 20177095147

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

Jeffrey W ch, Secretary of State

Authentication: 203574333 Date: 11-15-17