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SECRETARY OF STATE TALLAHASSEE, FLORIDA

5-1-1-14

COVER LETTER

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TO:

TO:	Registration Section Division of Corporations	,					
CHR II	rct.	LFF IV Florida Forest Products LLC					
SUDJ	Name of Limited Liability Company						
The en Existen	iclosed "Application by Fore nee, and check are submitted	ign Limited Liability Comp to register the above refer	pany for Authorization enced foreign limited l	ı to Trans liability o	sact Business in Florida," Certificate of company to transact business in Florida.		
Please	return all correspondence co	 oncerning this matter to the 	following:				
	David P. Hoffer						
		N	ame of Person				
	The Lyme Timb	er Company LP					
		Firm/Company					
23 South Main Street, Ste 3A							
		Address					
	Hanover, NH 03	 755					
		City/State and Zip Code					
	cchaves@lymetim						
	· ·	E-mail address: (to be use	-mail address: (to be used for future annual report notification)				
For fur	rther information concerning	this matter, please call:					
	Cindy Chaves		603 6	643-3300), x1212		
	Name of	Contact Person	Area Code	Dayti	me Telephone Number		
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		Div Reg Cli 260	vision of gistratio ifton Bui 61 Exect	ADDRESS: Corporations In Section Idding utive Center Circle e, FL 32301		
Enclos	ed is a check for the followin ■ \$125.00 Filing Fee	ng amount: \$\int \$130.00\$ Filing Fee & Certificate of Status	□ \$155.00 Filing Fo Certified Copy		□ \$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 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternate n	ame adopted f	or the purpose of transacting business in			bility Company," "L.L.C," or "LLC
Delaware			3. <u>4</u>	7-5177655	2 1 11 2
(Jurisdiction under the law of w	hich foreign l u	nited liability company is organized)		(Ft:I nunk	ber, if applicable)
	tibas di	rst transacted business in Florida, if prio	e to remetention t		
	(See see	tions 605.0904 & 605.0905, F.S. to det	ermine penalty liab	*	
23 South Main Street, (Street Address of F	Ste 3A	o)	6. <u>S</u> a	ime (Mailing Add	ressi
Hanover, NH 03755	, inc. par			(Internity in the control of the con	
			_		
Name and street addres	_	da registered agent: (P.O. B	lox <u>NOT</u> acc	eptable)	
Name:	C T Cor	poration System			8
Office Address:	1200 So	uth Pine Island Road			HAY
	Plantatio	on.		, Florida 33324	Ę
		}		Zip cod	
aving been named as re signated in this applica comply with the provisi	gistered a tion, I her ions of all	gent and to accept service (eby accept the appointmen statutes relative to the proposition as registered agent.	t as registere	r the above stated limited d agent and agree to act	l liability company archining this capacity. I furth
laving been named as re esignated in this applica comply with the provisi	gistered a tion, I her ions of all	gent and to accept service of eby accept the appointment statutes relative to the proj	t as registere per and comp	r the above stated limited d agent and agree to act	l liability company archining this capacity. I furth
laving been named as re esignated in this applica comply with the provisi nd accept the obligation.	gistered a tion, I her ions of all s of my po	gent and to accept service of eby accept the appointment statutes relative to the proposition as registered agent.	t as registere per and comp nt's signature)	r the above stated limited d agent and agree to act plete performance of my	l liability company archining this capacity. I furth
aving been named as reesignated in this applical comply with the provisind accept the obligation. The name, title or capa	gistered a tion, I her ions of all s of my po	gent and to accept service of the appointment statutes relative to the proposition as registered agent. (Registered agent address of the person(s) who Name and Address:	t as registere per and comp nt's signature)	r the above stated limited d agent and agree to act plete performance of my hority to manage is/are:	l liability company arching in this capacity. I furth duties, and I am familia
aving been named as resignated in this applical comply with the provisind accept the obligation. The name, title or capa Title or Capacity:	gistered a tion, I her ions of all s of my po	gent and to accept service of eby accept the appointment statutes relative to the proposition as registered agent. (Registered agent address of the person(s) who	t as registere per and comp nt's signature) has/have aut <u>Title</u>	r the above stated limited d agent and agree to act plete performance of my hority to manage is/are:	l liability company arching in this capacity. I furth duties, and I am familia
esignated in this applicate comply with the provisional accept the obligation. The name, title or capa Title or Capacity:	gistered a tion, I her ions of all s of my po	gent and to accept service of the appointment statutes relative to the proposition as registered agent. (Registered agent ddress of the person(s) who Name and Address: LTC Management LLC 23 South Main Street, Ste 3	t as registere per and comp nt's signature) has/have aut <u>Title</u>	r the above stated limited d agent and agree to act plete performance of my hority to manage is/are:	l liability company arching in this capacity. I furth duties, and I am familia
Taving been named as reesignated in this applicate comply with the provisiond accept the obligation. Title or Capacity:	gistered a tion, I her ons of all s of my po	gent and to accept service of the appointment statutes relative to the proposition as registered agent. (Registered agent ddress of the person(s) who Name and Address: LTC Management LLC 23 South Main Street, Ste 3	t as registere per and comp nt's signature) has/have aut <u>Title</u>	r the above stated limited d agent and agree to act plete performance of my hority to manage is/are:	l liability company arching in this capacity. I furth duties, and I am familia
Taving been named as resignated in this applicate comply with the provisional accept the obligation. The name, title or capa Title or Capacity: Manager Use attachments if neces	gistered a tion, I her ions of all s of my po acity and a sary) of existen of which i	gent and to accept service of the appointment statutes relative to the proposition as registered agent. (Registered agent ddress of the person(s) who Name and Address: LTC Management LLC 23 South Main Street, Ste 3	t as registere per and comp nt's signature) has/have aut <u>Title</u> d, duly authe	r the above stated limited d agent and agree to act olete performance of my hority to manage is/are: or Capacity:	I liability company The in this capacity. I with duties, and I am familia. Name and Address:

Typed or printed name of signee

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

IN COMPILANCE 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.FF IV F	lorida Foreșt P	roducts LLC		
(Name of Foreign	Lunited Liability (Company, must include "Limited I	Liability Company," "L.L.C.," or "LLC"	1
	name adopted for the p	ourpose of transacting business in Florida	a. The alternate name must include "Limited Li	ability Company," "L. L. C." or "LLC ")
2. Delaware Gurisdiction under the law of w	hich toreign limited li	obility company is organized)	3. 47-5177655 (FEI nun	ober, (Lapplicable)
4	(Date first fram	sacted business in Florida, if prior to reg	infration)	
	(See sections 6	05 (1904 & 605 0905, F.S. to determine)	penalty liability)	
5. 23 South Main Street, (Sireet Address of I	Ste 3A		6. Same	L
Hanover, NH 03755				
7. Name and street address Name:	ss of Florida reg C T Corporat	gistered agent: (P.O. Box <u>N</u> ion System	VOT acceptable)	
Office Address:	1200 South P	ine Island Road		
	Plantation	(City)	, Florida 33324	-
to comply with the provisi and accept the obligation:		a as registered agent.	l - Assistant Secretary	duties, and I am familiar with
8. The name, title or capa <u>Title or Capacity:</u>	- (is of the person(s) who has/h ie and Address:	nave authority to manage is/are: <u>Title or Capacity:</u>	Name and Address:
Manager	LTC	Management LLC		
	23 Sc	outh Main Street, Ste 3A		
	Hano	ver. NH 03755		
(Use attachments if necess	sary)			
	of which it is of		y authenticated by the official has in a foreign language, a translat	
		rof State constitutes a third) (b), Florida Statutes. I am awar degree felony as provided for in:	
	-		n authorized person	
		}	ing Member of the Manager	-1

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "LFF IV FLORIDA FOREST PRODUCTS LLC" IS

DULLY 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 SECOND DAY OF MAY, A.D. 2018.

6264091 8300 SR# 20183263283

Authentication: 202623877

Date: 05-02-18