

M19000004543

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

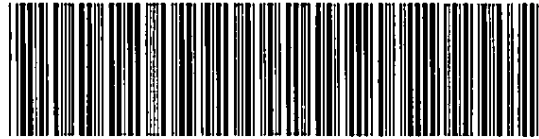
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

Y SCOTT

MAY - 8 2019

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** CROOKED RIVER MITIGATION HOLDINGS 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:

CINDY CHAVES

\_\_\_\_\_  
Name of Person

THE LYME TIMBER COMPANY LP

\_\_\_\_\_  
Firm/Company

23 SOUTH MAIN STREET, SUITE 3a

\_\_\_\_\_  
Address

HANOVER, NH 03755

\_\_\_\_\_  
City/State and Zip Code

CCHAVES@LYMETIMBER.COM

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

For further information concerning this matter, please call:

CINDY CHAVES

603

643-3300, X1212

\_\_\_\_\_  
Name of Contact Person

at ( )

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**



\$125.00 Filing Fee



\$130.00 Filing Fee &  
Certificate of Status



\$155.00 Filing Fee &  
Certified Copy



\$160.00 Filing Fee, Certificate  
of Status & Certified Copy

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TALLAHASSEE, FL  
SECRETARY OF STATE

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

IN COMPLIANCE WITH SECTION 605.09(2), FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

CROOKED RIVER MITIGATION HOLDINGS LLC

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

If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C."

DELAWARE

26-3827653

(If organization is not a limited liability company, so organized)

(If "Yes" answer, if applicable)

JANUARY 2, 2019

(Date first transacted business in Florida; if prior to registration,  
(See section 605.09(4)(b) FS for U.S. to determine penalty liability.)

23 SOUTH MAIN STREET, STE 3a

23 SOUTH MAIN STREET, STE 3a

(Street Address of Principal Office)

(Mailing Address)

HANOVER, NH 03755

HANOVER, NH 03755

STATION 101 DE MOINE  
TALLAHASSEE, FLORIDA

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7. Name and street address of Florida registered agent (P.O. Box NOT acceptable)

Name C.T. CORPORATION SYSTEM

Office Address 1200 SOUTH PINE ISLAND ROAD

PLANTATION

33324

Florida (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 agree  
to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with  
and accept the obligations of my position as registered agent.

Hiedi M. Liesch

(Registered agent's signature)

Hiedi M. Liesch, Asst. Secretary

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

**Title or Capacity:** **Name and Address:**

☒ Manager Name: DAVID HOFFER

☐ Member Address: LTC MANAGEMENT LLC

☐ Authorized 23 SOUTH MAIN STREET, STE 3A

Person HANOVER, NH 03755

☐ Other ☐ Other

**Title or Capacity:** **Name and Address:**

☒ Manager Name: JAMES HOURDEQUIN

☐ Member Address: LTC MANAGEMENT LLC

☐ Authorized 23 SOUTH MAIN STREET, STE 3A

Person HANOVER, NH 03755

☐ Other ☐ Other

☒ Manager Name: THOMAS MORROW

☐ Member Address: LTC MANAGEMENT LLC

☐ Authorized 23 SOUTH MAIN STREET, STE 3A

Person HANOVER, NH 03755

☐ Other ☐ Other

☒ Manager Name: PETER STEIN

☐ Member Address: LTC MANAGEMENT LLC

☐ Authorized 23 SOUTH MAIN STREET, STE 3A

Person HANOVER, NH 03755

☐ Other ☐ Other

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other ☐ Other

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

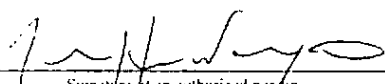
Person \_\_\_\_\_

☐ Other ☐ Other

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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 oath of the translator must be submitted)

10. 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.

  
\_\_\_\_\_  
Signature of an authorized person

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "CROOKED RIVER MITIGATION HOLDINGS 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 TWENTY-FOURTH DAY OF APRIL, A.D. 2019.

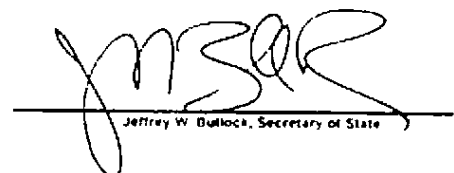
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SR# 20193115646

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State

Authentication: 202703762

Date: 04-24-19