

Division of Corporations

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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614) 280-3339  
Fax Number : (954) 203-0945

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

2021 DEC -9 PM 10:10  
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Foreign Limited Liability Company  
RAYONIER MANAGEMENT LLC ✓

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

2021 DEC -9 AM 11:58

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

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

2. DE  
(Jurisdiction under the law of which foreign limited liability company is organized)

3.   
(FEI number, if applicable)

4.   
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0903, F.S. to determine penalty liability)

5. 1 RAYONIER WAY  
(Street Address of Principal Office)

6.   
(Mailing Address)

WILDLIGHT, FL 32097

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

Name: C T Corporation System

Office Address: 1209 South Pine Island Road

Plantation, Florida 33324  
(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 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.

By: Sandra Zwijack  
(Registered agent's signature)

C T Corporation System  
Sandra Zwijack,  
Assistant Secretary

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TALLAHASSEE, FLORIDA

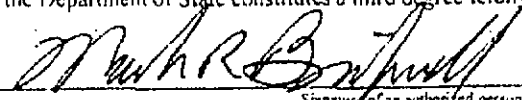
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input type="checkbox"/> Manager	Name:	See Attached		<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:			<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized				<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:			<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:			<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized				<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:			<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:			<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized				<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> 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.817.153, F.S.

  
Signature of an authorized person

Mark R. Bridwell

Typed or printed name of signee

Rayonier Management LLC

**Managing Members**

Rayonier Operating Company LLC.....99%  
1 Rayonier Way  
Wildlight, FL 32097

Rayonier TRS Holdings Inc.....1%  
1 Rayonier Way  
Wildlight, FL 32097

**Officers**

David L. Nunes	President
1 Rayonier Way	
Wildlight, FL 32097	
Douglas M. Long	Senior Vice President
1 Rayonier Way	
Wildlight, FL 32097	
Christopher T. Corr	Senior Vice President
1 Rayonier Way	
Wildlight, FL 32097	
Mark McHugh	Senior Vice President and Treasurer
1 Rayonier Way	
Wildlight, FL 32097	
Mark R. Bridwell	Vice President and Corporate Secretary
1 Rayonier Way	
Wildlight, FL 32097	
Shelby Pyatt	Vice President

1 Rayonier Way  
Wildlight, FL 32097

Collin Mings Vice President

1 Rayonier Way  
Wildlight, FL 32097

Vernon Hiott Vice President

1 Rayonier Way  
Wildlight, FL 32097

April J. Tice Vice President and Corporate Controller

1 Rayonier Way  
Wildlight, FL 32097

Tracy K. Arthur Assistant Secretary

1 Rayonier Way  
Wildlight, FL 32097

John R. Campbell Assistant Secretary

1 Rayonier Way  
Wildlight, FL 32097

Cynthia L. Jones Assistant Secretary

1 Rayonier Way  
Wildlight, FL 32097

Jaime Northrup Assistant Secretary

1 Rayonier Way  
Wildlight, FL 32097

Kyle M. Sawicki Assistant Secretary

1 Rayonier Way  
Wildlight, FL 32097

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RAYONIER MANAGEMENT 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 EIGHTH DAY OF DECEMBER, A.D. 2021.

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



6434475 8300

SR# 20214023761

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

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 204911956

Date: 12-08-21