

M200001881

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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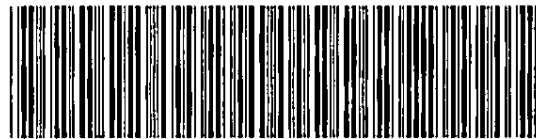
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 JUL 22 PM 12:08
ST. LOUIS, MO
U.S. DEPT. OF COMMERCE

T. LEMIEUX
AUG - 1 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FOUR RIVERS LAND & TIMBER SERVICES 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:

CHARLIE JOHNS

Name of Person

FOUR RIVERS LAND & TIMBER COMPANY LLC

Firm/Company

1700 FOLEY LANE

Address

PERRY, FL 32347

City/State and Zip Code

cjohns@fourriversllc.com

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

For further information concerning this matter, please call:

Charlie Johns

850 838-2209
at ()

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

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. FOUR RIVERS LAND & TIMBER SERVICES 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. DELAWARE 3. APPLIED FOR
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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. 1700 FOLEY LANE 6. 1700 FOLEY LANE
(Street Address of Principal Office) (Mailing Address)
PERRY, FL 32347 PERRY, FL 32347

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

Name: CHRISTOPHER UZPEN
Office Address: 1700 FOLEY LANE
PERRY, Florida 32347
(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.

[Signature]
(Registered agent's signature)

FILED
2022 JUL 22 PM 12:08
STATE
OF
FLORIDA

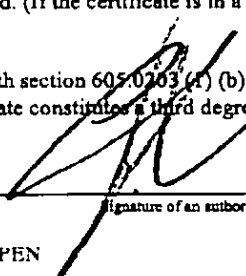
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: CHRISTOPHER UZPEN	<input type="checkbox"/> Manager	Name: TRAVIS MCCOY
<input type="checkbox"/> Member	Address: 1700 FOLEY LANE	<input type="checkbox"/> Member	Address: 1700 FOLEY LANE
<input type="checkbox"/> Authorized	PERRY, FL 32347	<input type="checkbox"/> Authorized	PERRY, FL 32347
Person		Person	
<input checked="" type="checkbox"/> Other CEO	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other SVP	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: LYDIA CHARLIE JOHNS	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address: 1700 FOLEY LANE	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized	PERRY, FL 32347	<input type="checkbox"/> Authorized	
Person		Person	
<input checked="" type="checkbox"/> Other SEC	<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.817.155, F.S.



Signature of an authorized person
CHRISTOPHER UZPEN

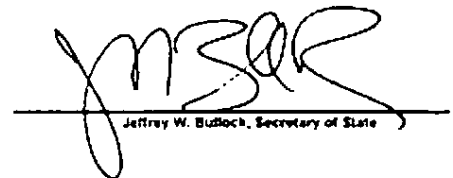
Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "FOUR RIVERS LAND & TIMBER SERVICES LLC", FILED IN THIS OFFICE ON THE TWENTY-NINTH DAY OF JUNE, A.D. 2022, AT 1:34 O'CLOCK P.M.



Jeffrey W. Bullock, Secretary of State

6893716 8100
SR# 20222863447

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

Authentication: 203830423
Date: 07-04-22

State of Delaware
Secretary of State
Division of Corporations
Delivered 01:34 PM 06/29/2022
FILED 01:34 PM 06/29/2022
SR 20222863447 - File Number 6893716

STATE OF DELAWARE
CERTIFICATE OF FORMATION
OF LIMITED LIABILITY COMPANY

The undersigned authorized person, desiring to form a limited liability company pursuant to the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

1. The name of the limited liability company is FOUR RIVERS LAND & TIMBER SERVICES LLC
2. The Registered Office of the limited liability company in the State of Delaware is located at c/o CORPORATION SERVICE COMPANY, 251 LITTLE FALLS DRIVE (street), in the City of WILMINGTON, DE, Zip Code 19808. The name of the Registered Agent at such address upon whom process against this limited liability company may be served is CORPORATION SERVICE COMPANY

By: 
Authorized Person

Name: TRAVIS MCCOY
Print or Type