

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: OPG Port Gamble 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:

Sarah Miles

Name of Person

Rayonier

Firm/Company

1 Rayonier Way

Address

Wildlight, FL 32097

City/State and Zip Code

sarah.miles@rayonier.com

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

For further information concerning this matter, please call:

Sarah Miles

864

915-7317

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. OPG Port Gamble 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. Washington 85-0919437
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 7/24/2020
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

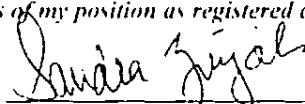
5. 1 Rayonier Way
(Street Address of Principal Office)
Wildlight, FL 32097
6. 1 Rayonier Way
(Mailing Address)
Wildlight, FL 32097

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

Name: C T Corporation System
Office Address: 1200 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.


Sandra Zwijack, Assistant Secretary
(Registered agent's signature)

68111 0103 11:39

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: Mark R. Bridwell

☐ Member Address: 1 Rayonier Way

☐ Authorized Wildlight, FL 32097

Person _____

☒ Other SVP and Corporat ☐ Other _____

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

☐ Manager Name: Christopher T. Corr

☐ Member Address: 1 Rayonier Way

☐ Authorized Wildlight, FL 32097

Person _____

☒ Other President ☐ Other _____

☐ Manager Name: John R. Campbell

☐ Member Address: 1 Rayonier Way

☐ Authorized Wildlight, FL 32097

Person _____

☒ Other Vice President ☐ Other _____

☐ Manager Name: Jonathan P. Rose

☐ Member Address: 1 Rayonier Way

☐ Authorized Wildlight, FL 32097

Person _____

☒ Other Vice President ☐ Other _____

☐ Manager Name: Sarah Miles

☐ Member Address: 1 Rayonier Way

☐ Authorized Wildlight, FL 32097

Person _____

☒ Other Assistant Secretary ☐ Other _____

☐ Manager Name: Jaime Northrup

☐ Member Address: 1 Rayonier Way

☐ Authorized Wildlight, FL 32097

Person _____

☒ Other Vice President ☐ 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

Mark R. Bridwell

Typed or printed name of signer

Attachment for Item 8. For initial indexing purposes, list names, titles or capacity, and addresses of the primary members/managers or persons authorized to manage:

April J. Tice
1 Rayonier Way
Wildlight, FL 32097
Senior Vice President

Crystal Cook
1 Rayonier Way
Wildlight, FL 32097
Assistant Secretary

Jonathan A. Boswell
1 Rayonier Way
Wildlight, FL 32097
Treasurer

Landy Rose
1 Rayonier Way
Wildlight, FL 32097
Assistant Secretary

Tracy K. Arthur
1 Rayonier Way
Wildlight, FL 32097
Vice President

Michelle Van Deren
1 Rayonier Way
Wildlight, FL 32097
Assistant Secretary

Kyle M. Sawicki
1 Rayonier Way
Wildlight, FL 32097
Vice President

Andrew C. Shipp
1 Rayonier Way
Wildlight, FL 32097
Vice President

UNITED STATES OF AMERICA

The State of Washington

Secretary of State



I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

OPG PORT GAMBLE LLC

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 08/23/2004.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 12/04/2024
UBI Number: 602 423 034



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Steve R. Hobbs, Secretary of State

Date Issued: 12/04/2024