TRANSMITTAL LETTER

Department of State 90000085098

Division of Corporation. P. O. Box 6327 Tallahassee, FL 32314

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SUBJECT:	Golden Isles Pulp & Paper Corporation
	(Proposed corporate name - must include sufux)

Enclosed i	is an	original	and o	one(1)	copy	of t	he artic	les of	incorp	oration	and a	check	for	:

□ \$70.00 Filing Fee

⊈k\$78.75

Filing Fee & Certificate □\$122.50

\$131.25

Filing Fee & Certified Copy

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: Friedrich W. Schreyer
Name (Printed or typed)

300 Biscayne Blvd. Way S-915

Address

Miami, Florida 33131

City, State & Zip

305-379-8500 Daytime Telephone number 98 OCT -2 AMII: 58

) GAVE

AUTHORIZATION BY PHONE TO

CORRECT 05193

DOC. EXAM

NOTE: Please provide the original and one copy of the articles.

TA-10/5/8

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Golden Isles Pulp & Paper Corporation

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

300 Biscayne Blvd. Way, Suite 915

Miami, Florida 33131

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000 (One Thousand)

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Friedrich W.Schreyer, 300 Biscayne Blvd. Way S-915

Miami, FL 33131 <u>EV INCORPORATOR</u>

The name and address of the incorporator to these Articles of Incorporation are:

Friedrich W. Schreyer, 300 Biscayne Blvd. Way S-915 Miami, FL 33131

(An additional article must be added if an effective date is requested.)

this certificate, 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 relating 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

Date