RI SOS Filing Number: 202198673350 Date: 6/25/2021 12:16:00 PM



Application for Registration FOREIGN Limited Liability Company → Filing Fee: \$150.00	R 2021	S.I. DEPT OF STATE BUS:SVCS DIV JUN 25 P 2: 16
Pursuant to the provisions of RIGL <u>7-16-49</u> , the undersigned foreign limited liability company hereb applies for a Certificate of Registration to transact business in the State of Rhode Island, and for the purpose submits the following statement:	y	L. 16
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purpose submits the following statement:				
The name of the limited liability company is:				
Sylvamo North America, LLC				
Is this company organized in its state or country of formation a	is a low-profit limited liability co	mpany? Yes No 🔽		
The name, if different, under which it proposes to register and transact business in Rhode Island is:				
2. The LLC is organized under the laws of: Delaware				
3. The date of its organization is: 11/10/2014				
And the period of its duration is: CHECK ONE BOX ONLY				
Perpetual (on-going)				
Date certain for dissolution				
4. The name and address of the resident agent/office in Rhode Island is:				
Agent Name United Agent Group Inc.				
Street Address (NOT a P.O. Box) 10 Dorrance Street #700				
City/Town Providence	State RHODE ISLAND	Zip Code 02903		
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:				
Manufacture, distribution, and sales of uncoated freesheet paper, along with engaging in any lawful act or activity for which limited				
liability companies may be found and engaging in any and all activities necessary, advisable or incidental to the foregoing.				
Check the box to indicate an attachment				

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

6. The RI Department of State is appointed the agent of the foreign limited liability company for service of process if, at any time, there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.				
7. The address of the office required to be maintained in the state or country of its organization by the laws of that state or, if not so required, of the principal office of the foreign limited liability company is:				
1209 ORANGE ST WILMINGTON, DE 19801				
8. The mailing address for the limited liabil	ity company is:	· · · · · · · · · · · · · · · · · · ·		
6400 Poplar Avenue Memphis, TN 38197				
9. Management of the Limited Liability Company:				
The Limited Liability Company is to be managed by: CHECK ONLY ONE BOX				
By its members (If you have checked this box, go to Section 9. (DO NOT fill out the chart below.)				
☑ By one (1) or more managers (List managers below)				
MANAGER	ADDRESS			
Kevin W. Ferguson	6400 Poplar Avenue Memphis, TN 38197			
Matthew L. Barron	6400 Poplar Avenue Memphis, TN 38197			
Greg C. Gibson	6400 Poplar Avenue Memphis, TN 38197			
10. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Status</u> from the state or country of formation dated within 60 days of the date of filing.				
11. Date when this application for Certificate of Registration will be effective: CHECK ONE BOX ONLY				
☑ Date received (Upon filing)				
Later effective date (Date must be no more than 90 days from the date of filing)				
Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.				
Type or Print Name of LLC		Date		
Ashley Goldsmith, Attorney-in-Fact		6/24/2021		
Signature of Authorized Person	MJ-			

Limited Power of Attorney

The undersigned officer of Sylvamo North America, LLC, a Delaware entity ("the Company"), appoints Ashley Goldsmith as attorneyinfact(s) for the Company and its subsidiaries for the limited purposes authorized in this Limited Power of Attorney. Lauren Underwood, Special Manager grants to the attorneyinfact the power to execute the documents necessary to change the registered agent, change of address, amendments, fictitious name registrations, fictitious name renewals, qualifications, annual reports, amended annual reports, initial reports, obtain tax clearance/compliance certificate(s), withdraw, dissolve, reinstate, convert or form the Company and its subsidiaries. The named individuals shall act in such office and with such authority as is required to effect the changes contemplated in this Limited Power of Attorney.

This Limited Power of Attorney expires on the earlier of (a) the filing of change of registered agents and/or change of address and/or amendments and/or fictitious name registrations and/or fictitious name renewals and/or qualifications and/or annual reports and/or amended annual reports and/or initial reports and/or withdraw and/or dissolve and/or formations and/or reinstate for the Company and its subsidiaries or (b) six months after the Effective Date set forth below. The Company may revoke this Power of Attorney at any time by written notice to Computershare Governance Services Inc. d/b/a Corporate Creations, 801 US Highway 1 North Palm Beach, FL 33408.

The undersigned has executed this Limited Power of Attorney effective as of this 24th day of June 2021.

Sylvamo North America, LLC

Name: Lauren Underwood

Title: Special Manager

STATE OF FLORIDA COUNTY OF PALM BEACH

Subscribed and swom to before me this 24th day of June 2021.

Notary Public

CARLOS M. ALVAREZ
Commission # GG 208205
Expires April 17, 2022
Bondod Thau Troy Fath braumance 800-385-7019

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SYLVAMO NORTH AMERICA, 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 FIRST DAY OF JUNE, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SYLVAMO NORTH AMERICA, LLC" WAS FORMED ON THE TENTH DAY OF NOVEMBER, A.D. 2014.

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

5636859 8300 SR# 20212305402 Authentication: 203336301

Date: 06-01-21

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I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

June 25, 2021 12:16 PM

Nellie M. Gorbea Secretary of State

Tulli U. Horler

