M08000004651

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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2008 OCT 17 PM 2: 11

SECRETARY OF STATE
TALLAHASSEE. FLORID

T. CLINE

OCT 2 0 2008

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 6, 2008

DEB LAVOY 1244 GALLATIN PIKE SOUTH MADISON, TN 37115

SUBJECT: CUMBERLAND DISTRIBUTORS, LLC

Ref. Number: W08000041856

We have received your document for CUMBERLAND DISTRIBUTORS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

Please return your document, along with a copy of this letter, within 60 days your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 208A00052673



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 9, 2008

DEB LAVOY 1244 GALLATIN PIKE SOUTH MADISON, TN 37115

SUBJECT: CUMBERLAND DISTRIBUTORS, LLC

Ref. Number: W08000041856

We have received your document for CUMBERLAND DISTRIBUTORS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the names and street addresses of the members or managers of the limited liability company.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please (850) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 408A00049328

COVER LETTER

	Registration Section Division of Corporations			
SUBJE	CCT: Cumberland Distributors, (Name of Lin	LLC nited Liability Company)		
Florida	closed "Application by Foreign Limited Lia," Certificate of Existence, and check are so company to transact business in Florida.			
Please 1	return all correspondence concerning this r	matter to the following:		
	DEB LAVOY	af Daman)		
	(Na	ume of Person)		
	Cumberland Distributors, (Fi	LLC irm/Company)	<u> </u>	
	1244 Gallatin Pike South	(Address)		
		(Addiess)		
	Madison, TN 37115		2008 C	engliste
For fur	(City/S) ther information concerning this matter, pl	tate and ZIP Code) ease call:	DCT 17 PM	
•	DEG LAVOY (Name of Person)	at (615) 885-0019 (Area Code & Daytime Telepl	hone Number)	
	MAILING ADDRESS: Division of Corporations P.O. BOX 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Cir Tallahassee, FL 32301		
Enclose	ed is a check for the following amount: \$125.00 Filing Fee \$\times \$130.00 Filing Fee & Certificate of		0 Filing Fee, Certion of Status & Certine	



APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Cumb	perland Distributors, LLC					
	(Name of Foreign L	imited Liab	ility Company)			
2. Tenr	nessee	3.	26-30	046153		
(Jurisd compa	nessee diction under the law of which foreign limited li any is organized)	ability	26-30 (FEI numb	per, if applicable)	1	-
4.	07/17/2008	5.	Perpetual			
	(Date of Organization)	ν	(Duration: Year limited exist or "perpetual")	liability compan	y will cease to	_
6	09/	01/200	8			
	(Date first transacted busine (See sections 608.501 & 608.	ss in Florida 502 F.S. to	a, if prior to registration. determine penalty liabili	ty)		
7 . <u>1244</u>	4 Gallatin Pike South				<u> </u>	
Madi	ison, TN 37115					
		Address of I	Principal Office)			•
	name and usual business addresses of th	_	_	igers are as fol	2008 OCT 17 PM 2: 11 SEÄRETARY OF STATE AHASSEE, FLORIDA	
the jurisdi	ched is an original certificate of existence, no more liction under the law of which it is organized. (A p on of the certificate under oath of the translator mus	hotocopy is	not acceptable. If the certi	by the official hav ificate is in a forei	ing custody of regn language, a	cords in
11. Nati	ure of business or purposes to be condu-	cted or pr	omoted in Florida: <u>I</u>	Electrical	Supplier	-
						_
	Jam	i Za	all 8/2	1/08		
	Signature of a member of the section 608, an affirmation under the penaltic	108(3), F.S., 1	the execution of this docum	ent constitutes		
	Jami Hall					

Typed or printed name of signee



CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

• PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:	
--	--

Cumberland Distributors, LLC

2. The name and the Florida street address of the registered agent and office are:

Patricia Quinn		
	(Name)	
5850 Ulmerton Roa	ad	2006 OC: SECRE
Florida Street A	ddress (P.O. Box NOT ACCEPTABLE)	72
Clearwater	FL 33760	SSEE,
	City/State/ZIP	F Si 7
		ATE ORIO

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 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 as provided for in Chapter 608, Florida Statutes.

Patricia Dum
(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

.. Secretary of State **Division of Business Services** 312 Eighth Avenue North 6th Floor, William R. Snodgrass Tower Nashville, Tennessee 37243

ISSUANCE DATE: 09/17/2008 REQUEST NUMBER: 08261556 TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 07/17/ 08 STATUS: ACTIVE CORPORATE EXPIRATION DATE: PERPETUAL

CONTROL NUMBER: 0581726 JURISDICTION: TENNESSEE

CUMBERLAND DISTRIBUTORS, LLC 1244 GALLATIN PK S MADISON, TN 37115

REQUESTED BY: CUMBERLAND DISTRIBUTORS, LLC 1244 GALLATIN PK S

MADISON, TN 37115

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT "CUMBERLAND DISTRIBUTORS, LLC"

A LIMITED LIABILITY COMPANY DULY FORMED UNDER THE LAW OF THIS STATE WITH DATE OF FORMATION AND DURATION AS GIVEN ABOVE; THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE EXISTENCE OF THE LIMITED LIABILITY COMPANY HAVE BEEN PAID: THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND THAT ARTICLES OF TERMINATION OF THE EXISTENCE HAVE NOT BEEN FILED.

FOR: REQUEST FOR CERTIFICATE

STONES RIVER ELECTRIC, INC.

NASHVILLE, TN 37221-5000

1244 GALLATIN PIKE S

ON DATE: 09/17/08

FEES

RECEIVED:

\$100.00

\$0.00

TOTAL PAYMENT RECEIVED:

\$100.00

RECEIPT NUMBER: 00004476369

ACCOUNT NUMBER: 00227394



FROM:

RILEY C. DARNELL SECRETARY OF STATE