

M190000090

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

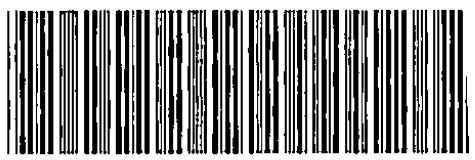
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SEP 20 2019

2019 SEP 19 PM 4:47  
TALLAHASSEE, FLORIDA  
FILING OFFICE STATE

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 892723 8117606  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 125,000

2019 SEP 19 PM 4:47  
TALLAHASSEE, FLORIDA  
STATE

ORDER DATE : August 21, 2019  
ORDER TIME : 11:16 AM  
ORDER NO. : 892723-015  
CUSTOMER NO: 8117606

FOREIGN FILINGS

NAME: CUMBERLAND CONSULTING GROUP,  
LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER: \_\_\_\_\_

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Cumberland Consulting Group, 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

Please return all correspondence concerning this matter to the following:

Ashton Sanders  
Name of Person

Cumberland Consulting Group, LLC  
Firm/Company

720 Cool Springs Blvd, Suite 550  
Address

Franklin, TN 37067  
City/State and Zip Code

tax@cumberlandcg.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ashton Sanders at ( 415 ) 373-4470 xt. 111  
Name of Contact Person Area Code Daytime Telephone Number

**MAILING ADDRESS:**  
Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- \$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

RECEIVED DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA 2019 SEP 19 PM 4:41

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSAC IN FLORIDA**

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LI COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

1. Cumberland Consulting Group, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 3. 20-0236056 (FEI number, if applicable)

4. 6/15/2013 (Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 720 Cool Springs Blvd (Street Address of Principal Office)  
Suite 550  
Franklin, TN 37067

6. 720 Cool Springs Blvd. (Mailing Address)  
Suite 550  
Franklin, TN 37067

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

Name: Corporation Service Company

Office Address: 1201 Hays Street  
Tallahassee, Florida 32301  
(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 designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I fu to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am fam and accept the obligations of my position as registered agent.*

By: Roxanne Turner (Registered agent's signature) Roxanne Turner Asst. Vice President

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>CEO</u>	<u>Brian Cahill</u> <u>15 Spruce Ave</u> <u>Marblehead, MA 01945</u>		
<u>CFD</u>	<u>Amy Meyer</u> <u>770 Sandpiper Helicopters Dr.</u> <u>Sandy Springs, GA 30350</u>		

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate und 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 informati submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Jay Geary  
Signature of an authorized person

Amy Meyer, CFD  
Typed or printed name of signer

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 2019 SEP 19 11:44 AM

# Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CUMBERLAND CONSULTING GROUP, LLC" 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 NINETEENTH DAY OF SEPTEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CUMBERLAND CONSULTING GROUP, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF DECEMBER, A.D. 2011.

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

2019 SEP 19 09:47  
SECRETARY OF STATE  
JILL H. SECREE  
DELR007A



  
Jeffrey W. Bullock, Secretary of State

5064555 8300

SR# 20197115538

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 2031

Date: 09