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# **COVER LETTER**

TO:		tration Section on of Corporations					
SUBJI	FCT:	Cumberland Trust & Investor	ient Co.				
5000	LCI.	Name of corporation - must include suffix					
Dear Si	ir or M	adam:					
"Certif	īcate o	"Application by Foreign Co Existence," or "Certificate ced foreign corporation to to	of Good Stand	ing" and check are sub			
Please .	return a	all correspondence concerni	ng this matter t	o the following:			
Chase (	Caldwel	1					
			Name of P	erson			
Cumbe	rland T	rust & Investment Co.					
			Firm/Comp	any			
40 Burt	ton Hill	s Blvd, Suite 300					
			Addres	S			
Nashvil	lle, TN	37215					
			City/State and	d Zip code			
ccaldwo	ell@cur	nberlandtrust.com					
		E-mail address	s: (to be used fo	r future annual report	notification)		
For fur	ther in	formation concerning this π	natter, please ca	11:			
Chase (	Caldwel	1	615 at (	783-1402			
	Name	e of Person	Area Code	Daytime Telep	hone Number		
	Regis Divisi The C 2415	EET/COURIER ADDRES tration Section on of Corporations lentre of Tallahassee N. Monroe Street, Suite 810 nassee, FL 32303		MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7		
	nake ch	check for the following ame eck payable to: FLORIDA D ng Fee	EPARTMENT ( g Fee & 🗀	OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee. Certificate of Status & Certified Copy		

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Cumberland Tru	ust & Investment Co.					
	orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	D,"	"COMPANY," "CORPORATION,	•		_
(If name unavaila	able in Florida, enter alternate corporate nam	ne ad	lopted for the purpose of transacting	business in	Florida	<u> </u>
Tennessee 2.			3 62-1821473			
(State or country under the law of which it is incorporated			(FEI number, if applicable)			_
5/12/2000		5				
	of incorporation)	-	(Date of duration, if other th	(Date of duration, if other than perpetual)		
2/01/2018						
, 40 Burton Hills B			Florida, if prior to registration)  2, F.S., to determine penalty liability	·)		
·	(Principal o	office	street address)			_
	(Current ma	iling	address, if different)		2172	_
3. Name and stree	et address of Florida registered agent: (I	P.O.	Box NOT acceptable)	T	· ;	, ,
Name:	Chase Caldwell		<u> </u>		27	į,
Office Address:	360 Central Ave, Suite 800			رن بريد پريد	MH 7: 23	
	St. Petersburg		, Florida 33701	골목	1: 2:	
	(City)		(Zip code)	ניז	ω	

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

(Registered agent's signature)

SHARON B. WINKLER, SUP

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS					
Chairman	Name:	□Chairman	Name: Michelle Diamond		
□Vice Chairman	Address: 40 Burton Hills Blvd, Suite 300	□Vice Chairman	Address: 40 Burton Hills Blvd, Suite 300		
□Director	Nashville, TN 37215	Director	Nashville, TN 37215		
□President		□President			
□Vice President		□Vice President			
□ Secretary	□Treasurer	☐ Secretary	□Treasurer		
□Other	□ Other	□Other	Other		
□Chairman □Vice Chairman ■Director	Charles R Clements IV  Name:40 Burton Hills Blvd, Suite 300  Nashville, TN 37215	□Chairman □Vice Chairman ■Director	Name:   40 Burton Hills Blvd, Suite 300  Nashville, TN 37215		
□President		President			
□Vice President		□Vice President			
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer		
□Other	Other	□Other	□Other		
□Chairman	Name:	□Chairman	Name:		
□Vice Chairman	Address:	□ Vice Chairman	Address:		
□Director		□Director			
□President		□President			
□Vice President		□Vice President			
□Secretary	Treasurer	☐ Secretary	□Treasurer		
□Other	□Other	Other			
	Use an attachment to report more than six (6). The attachment to r	nent of State Annual Re	eport form.		
	etor signing this document (and who is listed in numb alse information submitted in a document to the Depa	ner 11 above) affirms th	nat the facts stated berein are true and that he or		
13	CHURCE CALDWELL. J	DIRECTOR	of finance		



# Division of Business Services **Department of State**

State of Tennessee 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

May 25, 2022

PO BOX 6327

TALLAHASSEE, FL 32314

Request Type: Certificate of Existence/Authorization

Issuance Date: 05/25/2022

Request #:

0477467

Copies Requested:

**Document Receipt** 

Receipt #: 007259654

Filing Fee:

\$20.00

Payment-Credit Card - State Payment Center - CC #: 3829829487

\$20.00

Regarding:

**CUMBERLAND TRUST AND INVESTMENT COMPANY** 

Filing Type:

For-profit Corporation - Domestic

Control #:

389397

Formation/Qualification Date: 05/12/2000

Date Formed:

05/12/2000

Status:

Active

Formation Locale: TENNESSEE

Duration Term:

Perpetual

Inactive Date:

Business County: DAVIDSON COUNTY

## CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

## **CUMBERLAND TRUST AND INVESTMENT COMPANY**

- \* is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above:
- \* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- \* has filed the most recent annual report required with this office;
- \* has appointed a registered agent and registered office in this State;
- \* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Secretary of State

Processed By: Cert Web User

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