# M08000001904

·•
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
. (Business Entity Name)
(Document Number)
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04/21/08--01019--026 \*\*130.00

#### **COVER LETTER**

SUBJECT: Tennessee Cabling & C			
(Name of	Limited Liability Company)		
The enclosed "Application by Foreign Limite Florida," Certificate of Existence, and check a liability company to transact business in Flori	are submitted to register the above ref		
Please return all correspondence concerning t	his matter to the following:		
Christopher Killmeyer			
	(Name of Person)		_
API Processing			
AFTFIOCESSING	(Firm/Company)	<b>≱</b> s ≥	_
	(Firm/Company)	SECF	emigrag .
3419 Galt Ocean Drive	e, Suite A	APR 2 RETAR AHAS	- ILED
	(Address)	Y O	- ;
		FS D	
Fort Lauderdale, Florid	a 33308		
(Ci	ity/State and Zip Code)	A 2	_
For further information concerning this matte	r, please call:		
Christopher Killmeyer	at ( 954 ) 567-0013		
(Name of Person)	(Area Code & Daytime Tel	ephone Num	nber)
MAILING ADDRESS:	STREET ADDRESS:		
Division of Corporations	Division of Corporations		
P.O. Box 6327	Clifton Building		
Tallahassee, FL 32314	2661 Executive Center Circle		
	Tallahassee, FL 32301		

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

IN COMPLLATE 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. Tennessee Cabling & Communication (Name of Foreign Limited Liability Company; must include the company).	IS, LLC Ide "Limited Liability Company," "L.L.C.,"	or "LLC.")
(If name unavailable, enter alternate name adopted for the purpo consent of the managers or managing members adopting the alte Company," "L.L.C.," "LLC.")		
<sub>2</sub> Tennessee	62-1785100	
(Jurisdiction under the law of which foreign limited liability company is organized)	( PEI number, if applicab	ie)
4. 7/1/2004	s Perpetual	
(Date of Organization)	(Duration: Year limited liability compexist or "perpetual")	any will cease to
6. Upon Licensure		ZE Si
(Date first transacted business in Fk (See sections 608.501 & 608.502 F.S	orida, if prior to registration.) . to determine penalty liability)	DOB APR
7. 1222 Briarcliff Avenue, Gallatin, TN 3	37066	TAR ASS
(Street Address	of Principal Office)	
8. If limited liability company is a manager-managed		2: 02 STATE LORIDA
9. The name and usual business addresses of the man	naging members or managers are as t	follows:
David Roger Butts - Managing Member -	- 1222 Briatchii Averlue, Galia	IMI, TN 37000
10. Attached is an original certificate of existence, no more than 90 the jurisdiction under the law of which it is organized. (A photocop	py is not acceptable. If the certificate is in a fo	
translation of the certificate under oath of the translator must be sub	mitted.)	
11. Nature of business or purposes to be conducted of	or promoted in Florida: Limited En	ergy Contracting
	LOUR DING	Name and the second sec
	uthorized representative of a member	- T.
(In accordance with section 608.408(3), an affirmation under the penalties of pen	F.S., the execution of this document constitutes jury that the facts stated herein are true.)	
David Roger Butts - M		

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 th	e Limited Liability Company is:			
Tennessee C	abling & Communications, LLC			
If name unavailab	e, the alternate name to be used in the state of Florida is:	TAL S	21	
2. The name and t	he Florida street address of the registered agent and office at	ECRETARY LAHASSE	2008 APR 21	
D	awn R. Johnson	1,000 1,000	Ū	M
_	(Name)	F STATE FLORID,	ら	Ö
<u>3</u>	419 Galt Ocean Drive, Suite A  Florida Street Address (P.O. Box NOT ACCEPTABLE)	ATE ADA	02	
<u>F</u>	ort Lauderdale FL City/State/Zip	· · · · · · · · · · · · · · · · · · ·		

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.

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered

\$ 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: 04/14/2008 REQUEST NUMBER: 08105577 TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 07/01/2004 STATUS: ACTIVE CORPORATE EXPIRATION DATE: PERPETUAL CONTROL NUMBER: 0470394

CONTROL NUMBER: 0470394 JURISDICTION: TENNESSEE

TO:
API %CHRISTOPHER KILLMEYER
3419 GALT OCEAN DR
MONTANA BUILDING-A
FORT LAUDERDALE , FL 33308

REQUESTED BY:
API %CHRISTOPHER KILLMEYER
3419 GALT OCEAN DR
MONTANA BUILDING-A
FORT LAUDERDALE , FL 33308

#### CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

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 THE MOST RECENT LIMITED LIABILITY ANNUAL REPORT REQUIRED HAS NOT BEEN FILED THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND THAT ARTICLES OF TERMINATION OF THE EXISTENCE HAVE NOT BEEN FILED.

TALLAHASSEE, FI ORIGINAL

FOR: REQUEST FOR CERTIFICATE

FT LAUDERDALE, FL 33308-0000

ALARM PROFESSIONALS, INC

3419 GALT OCEAN DR

ON DATE: 04/14/08

FEES

RECEIVED:

\$20.00

\$0.00

\$20.00

TOTAL PAYMENT RECEIVED:

RECEIPT NUMBER: 00004373146 ACCOUNT NUMBER: 00539354



FROM:

STE A

RILEY C. DARNELL SECRETARY OF STATE

SS-4458