

M08600003502

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

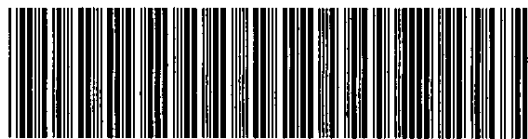
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Office Use Only

G. MCLEOD

JUL 25 2008

EXAMINER



900133300319

07/24/08--01016--006 **125.00

SECRETARY OF STATE
DIVISION OF CORPORATION
08 JUL 24 AM 10:55

KENNERLY, MONTGOMERY & FINLEY, P.C.

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JACK M. TALLENT, II
G. WENDELL THOMAS, JR.
STEVEN E. SCHMIDT
C. COULTER GILBERT
ROBERT H. GREEN
WILLIAM S. LOCKETT, JR.
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E. RICHARDS BRABHAM, III
M. ERIC ANDERSON
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TELEPHONE: (865) 546-7311
FAX: (865) 524-1773

SPECIAL COUNSEL:
SAMUEL W. RUTHERFORD

jpeyton@kmfpc.com

July 21, 2008

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: EIR Management, LLC

To Whom It May Concern:

Enclosed you will find for filing an Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida regarding the above referenced entity, together with our firm's check in the amount of \$125.00 to cover the cost.

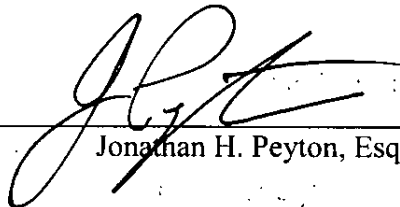
Once the Application has been filed, please mail the Letter of Acknowledgment to my office in the envelope provided for your convenience.

Thank you for your assistance in this matter and if there are any questions or problems, please contact me at 865-546-7311.

Best Regards,

KENNERLY, MONTGOMERY & FINLEY, P.C.

By



Jonathan H. Peyton, Esq.

JHP/dls

enclosures

cc: Sam Turner

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EIR Management, 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 in Florida..

Please return all correspondence concerning this matter to the following:

Jonathan H. Peyton, Esq.
(Name of Person)

Kennerly, Montgomery & Finley, P.C.
(Firm/Company)

P.O. Box 442
(Address)

Knoxville, TN 37901
(City/State and Zip Code)

For further information concerning this matter, please call:

Jonathan Peyton at (865) 546-7311
(Name of Person) (Area Code & Daytime Telephone Number)

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

STREET ADDRESS:
Division of Corporations
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

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

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

1. **EIR MANAGEMENT, LLC**

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

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. **Tennessee**

(Jurisdiction under the law of which foreign limited liability company is organized)

3. **26-2280634**

(FEI number, if applicable)

4. **04/25/2008**

(Date of Organization)

5. **Perpetual**

(Duration: Year limited liability company will cease to exist or "perpetual")

6. **N/A**

(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. **1503 N. Tibbs Road, Dalton, GA 30720**

(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☐

9. The name and usual business addresses of the managing members or managers are as follows:

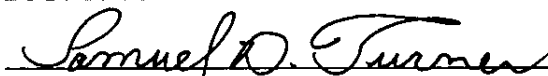
Samuel D. Turner

1503 N. Tibbs Road

Dalton, GA 30720

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: **Real Estate Management**



Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Samuel D. Turner, Member

Typed or printed name of signee

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
08 JUL 24 11:10:55

**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:

EIR MANAGMENT, LLC

If name unavailable, the alternate name to be used in the state of Florida is:

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

Corporation Service Company

(Name)

1201 Hays Street

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Tallahassee

FL 32301

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.

Corporation Service Company

Sue G. Knight
as its agent

BY: 

(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: 05/01/2008
REQUEST NUMBER: 6308-0063
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 04/25/2008
STATUS: ACTIVE
CORPORATE EXPIRATION DATE: PERPETUAL
CONTROL NUMBER: 0575844
JURISDICTION: TENNESSEE

TO:
KENNERLY MONTGOMERY & FINLEY
G. WENDELL THOMAS
550 W MAIN ST
KNOXVILLE, TN 37901

REQUESTED BY:
KENNERLY MONTGOMERY & FINLEY
G. WENDELL THOMAS
550 W MAIN ST
KNOXVILLE, TN 37901

CERTIFICATE OF EXISTENCE

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

"EIR MANAGEMENT, 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

ON DATE: 05/01/08

FROM:
KENNERLY MONTGOMERY & FINLEY, PC (PO BOX 442
P.O. BOX 442
KNOXVILLE, TN 37901-0000

	FEES	
RECEIVED:	\$20.00	\$0.00
TOTAL PAYMENT RECEIVED:		\$20.00

RECEIPT NUMBER: 00004391248
ACCOUNT NUMBER: 00001647



Riley C Darnell

RILEY C. DARNELL
SECRETARY OF STATE