M0900003713

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
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9 SEP 21 PH 4: 02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
SEP 2 1 2009
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: DESTINATION DES	Limited Liability Company
The enclosed "Application by Foreign Limited Liability C Existence, and check are submitted to register the above r	Company for Authorization to Transact Business in Florida," Certificate of eferenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to	the following:
ROBENT	Name of Person
DESTINATION	DESTINATION, LLC Firm/Company
363 T	RANG DAIVE Address
KN0×v1Li	VE, TN 37922 VState and Zip Code
Bossowecc@DE	STIVATION NESKLYCLES COM SE
E-mail address: (to be u	STIVATION DESIGNSLUC. COM SE
ROBERT SOWELC Name of Person A	at 865 566-0263 F. Carea Code & Daytime Telephone Number
MAILING ADDRESS: STR	REET ADDRESS: sion of Corporations
Registration Section Regi	istration Section on Building
Tallahassee, FL 32314 2661	Executive Center Circle shassee, FL 32301
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\times \$130.00 Filing Fee & Certificate of Statu	\$ \$155.00 Filing Fee & \$ \$160.00 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 28, 2009

ROBERT SOWELL 363 TRANE DRIVE KNOXVILLE, TN 37922

SUBJECT: DESTINATION DESIGNS, LLC

Ref. Number: W09000034294

09 SEP 21 PM 4: 02
SECRETARY OF STATE
TALL AHASSEE. FLORIDA

We have received your document for DESTINATION DESIGNS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$3327.50.

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 call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 309A00028976



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 28, 2009

ROBERT SOWELL 363 TRANE DRIVE KNOXVILLE, TN 37922

SUBJECT: DESTINATION DESIGNS, LLC

Ref. Number: W09000034294

FILED

09 SEP 21 PH 4: 02

SECRETARY OF STATE
SECRETARY OF STATE

We have received your document for DESTINATION DESIGNS, LLC and your check(s) totaling \$130.00. However, the document has not been filed and is being retained in this office for the following:

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 call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 409A00025821

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

IN COMPLIANCE WIT LIMITED LIABILITY CO 1. DESTINA	MPANY TO TRANS	ACT BUSINESS IN	THE STATE OF F			
(Name of Foreig (If name unavailable, er consent of the manager	nter alternate name	adopted for the pr	urpose of transac	ting business in Florida	and attach a copy of	the written
Company," "L.L.C," "L. 2. TENNES. (Jurisdiction under the	LLC.")			- /06 Z/Z		
company is organized. 4. MAY 4, (Date	a)		5. PER (Duration			to
6. <u>FGB, Z</u>	(Date first tra	nsacted business in 08.501 & 608.502	n Florida, if prior	to registration.)	08 SEF	
7. <u>363</u> KNOKU	TRANG ILLE, TN	37919			AASSEE.	THE DESIGNATION OF THE PERSON
8. If limited liabilit		(Street Add	ress of Principal		STATE	3
9. The name and us ROBERT		•		bers or managers a		<u>, 9</u>
LEWIS SH	UMATE				11	_
10. Attached is an origin the jurisdiction under the translation of the certific	e law of which it is o	organized. (A photo	ocopy is not accep	-		
11. Nature of busin		to be conducte				<u> </u>
				presentative of a m	ember.	

(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.)

ROBERT SOWELL

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:	
DESTINATION DESIGNS, UC	
If unavailable, the alternate to be used in the state of Florida is:	09 SEP
2. The name and the Florida street address of the registered agent and office are:	P 21 PM 4: 02 TARY OF STATE ASSEE, FLORID
Florida Street Address (P.O. Box NOT ACCEPTABLE) PANAMA CIM, FL 32401 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 Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

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

ISSUANCE DATE: 06/10/2009 REQUEST NUMBER: 09161530 TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 05/04/2004 STATUS: ACTIVE CORPORATE EXPIRATION DATE: PERPETUAL CONTROL NUMBER: 0468947 JURISDICTION: TENNESSEE

TO: BILL DAUGHERTY 363 TRANE DR

REQUESTED BY: BILL DAUGHERTY 363 TRANE DR

KNOXVILLE, TN 57919

KNOXVILLE, TN 37919

CERTIFICATE OF EXISTENCE

I, TRE HARGETT, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

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

FOR: REQUEST FOR CERTIFICATE

DN DATE: 06/10/09

RECEIVED:

FEES \$20.00

\$0.00

FROM: DESTINATION DESIGNS, LLC

363 TRANE DRIVE

KNOXVILLE, TN 37919-0000

TOTAL PAYMENT RECEIVED:

RECEIPT NUMBER: 00004633675

ACCOUNT NUMBER: 00576165



58.445