## M1200002102

| (Requestor's Name)                      |
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| (Address)                               |
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| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
|   |
| PICK-UP WAIT MAIL                       |
|   |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
| Special instructions to 1 ling Officer. |
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Office Use Only



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2014 JAN 16 PH 12: 18
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#### **COVER LETTER**

| Division of Corporations   |                                   |  |            |
|--|-----------------------------------|--|------------|
| SUBJECT: Stones River Compar   | nies, LLC                         |  |            |
| Name of Foreign L  | imited Liability                  | Company  |            |
| Dear Sir or Madam:   |                                   |  |            |
| The enclosed application, certificate and fee(s) are   | submitted for t                   | iling.   |            |
| Please return all correspondence concerning this m   | atter to the foll                 | owing:   |            |
| Frank Lamanna  |                                   |  |            |
| Name of Person   |                                   |  |            |
| Energy Focus LED Solutions,  | LLC                               |  |            |
| Firm/Company   | <u> </u>                          |  |            |
| 32000 Aurora Road, Suite B   |                                   |  |            |
| Address  |                                   |  |            |
| Solon, OH 44139  |                                   |  |            |
| City/State and Zip Code  |                                   |  |            |
| flamanna@efoi.com  |                                   |  |            |
| E-mail address: (to be used for future annual rep  | ort notification                  | <u>))                                   </u>   |            |
| For further information concerning this matter, ple  | ase call:                         |  |            |
| Frank Lamanna  | 440                               | 715-1276   |            |
| Name of Person   | \                                 | Daytime Telephone Nur  | nber       |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 |                                   | MAILING ADDRESS:<br>Registration Section<br>Division of Corporation<br>P.O. Box 6327<br>Tallahassee, Florida 323 | s          |
| Enclosed is a check for the following amount:  □ \$25 Filing Fee □ \$30 Filing Fee & Certificate of Status                                     | □ \$55 Filing Fo<br>Certified Cop |  | f Status a |

# 2014 JAN 16 PH 12: 18

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

#### **SECTION I (1-3 must be completed)**

| 1.       | Name of limited liability Company as it appears on the records of the Florida Department of State: Stones River Companies, LLC   |
|----------|--|
| 2.       | Jurisdiction of its organization: Tennessee  |
| 3.       | Date authorized to do business in Florida: 04/3/2012   |
| SI       | ECTION II (4-7 complete only the applicable changes)   |
| 4.       | New name of the limited liability company: Energy Focus LED Solutions, LLC (must contain "Limited Liability Company, ""L.L.C.," or "LLC.")   |
| FI<br>th | f name unavailable, enter alternate name adopted for the purpose of transacting business in orida and attach a copy of the written consent of the managers or managing members adopting e alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." "LLC.")  |
| 5.       | If the amendment changes the jurisdiction of organization, indicate new jurisdiction:  |
| 6.       | If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:   |
| 7.       | Attached is an original certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.  Signature of the authorized representative  Typed or printed name of signee |

Filing Fee: \$25.00



#### STATE OF TENNESSEE Tre Hargett, Secretary of State

**Division of Business Services** William R. Snodgrass Tower 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

#### **ENERGY FOCUS LED SOLUTIONS, LLC**

FRANK LAMANNA 32000 AURORA ROAD, SUITE B SOLON, OH 44139

Request Type: Certificate of Existence/Authorization

Request #:

0116513

Issuance Date: 12/20/2013

Copies Requested:

December 20, 2013

**Document Receipt** 

Receipt #: 1242034

Filing Fee:

\$22,25

Payment-Credit Card - State Payment Center - CC #: 153565157

\$22.25

Regarding: Filing Type: **Energy Focus LED Solutions, LLC** 

Limited Liability Company - Domestic

Formation/Qualification Date: 07/17/2008

Status:

Active

Duration Term:

Perpetual

Business County: DAVIDSON COUNTY

Control #: Date Formed:

581725

07/17/2008

Formation Locale: TENNESSEE

Verification #: 005531920

Inactive Date:

#### 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

#### **Energy Focus LED Solutions, LLC**

- \* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- \* has paid all fees, 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 corporation 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

Phone 615-741-6488 \* Fax (615) 741-7310 \* Website: http://tnbear.tn.gov/