

M 030000003046

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

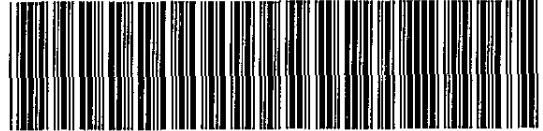
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100022917701

09/15/03--01017--014 \*\*160.00

RECEIVED  
03 SEP 15 AM 11:14  
STATE  
CORPORATIONS  
TALLAHASSEE, FLORIDA

*BRK*

FILED  
03 SEP 15 PM 12:58  
TALLAHASSEE, FLORIDA

CT CORPORATION

September 15, 2003

Secretary of State, Florida  
409 East Gaines Street  
Tallahassee FL 32399

03 SEP 15 PM 12:58  
FILED  
STATE  
TALLAHASSEE, FLORIDA

Re: Order #: 5917564 SO  
Customer Reference 1:  
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Interactive Security Systems, LLC (DE)  
Registration  
Florida

Interactive Security Systems, LLC (DE)  
Certificate of Status/Authorization-Foreign  
Florida

CVS + CV

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

03 SEP 18 PM 12:58  
FILED  
TALLAHASSEE, FLORIDA

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

IN COMPLIANCE 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. Interactive Security Systems, LLC  
(Name of foreign limited liability company)
  
2. Delaware  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 62-1819669  
(FEI number, if applicable)
  
4. 05/09/2000  
(Date of Organization)
5. Perpetual  
(Duration: Year limited liability company will cease to exist or "perpetual")
  
6. upon registration  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
  
7. 475 Metroplex Drive Suite 301  
Nashville, TN 37211  
(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:  
Jacques Ventures, LLC 102 Woodmont Boulevard, Suite 320, Nashville, TN 37205  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
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: security systems, CCTV,  
and video monitoring

JoAnn R. Bonsall  
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.)  
JoAnn R. Bonsall  
Typed or printed name of signee

FILED  
03 SEP 15 PM 12:58  
STATE OF FLORIDA  
TALLAHASSEE

**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:

Interactive Security Systems, LLC

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

C T Corporation System

(Name)

c/o C T Corporation System, 1200 South Pine Island Road

Florida street address (P.O. Box **NOT** ACCEPTABLE)

Plantation,

FL

33324

(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, F.S.*

C T Corporation System

**CONNIE BRYAN  
SPECIAL ASSISTANT SECRETARY**

By:

Connie Bryan

(Signature)

\$ 100.00 Filing Fee for Application  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (optional)  
\$ 5.00 Certificate of Status (optional)

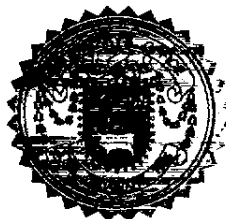
# Delaware

*The First State*

PAGE 03-1  
WILLIAMSON, FLORENCE  
03-15-03 PM 12:58  
FILED

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INTERACTIVE SECURITY SYSTEMS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TENTH DAY OF SEPTEMBER, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



3225159 8300

030583604

*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 2625804

DATE: 09-10-03