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PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE ONS DIVISION OF CORPORATIONS

W07-57717

3. BEC - 6 2007.

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Orion Management LLC (Name of Limited Liability Company)		
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Busine Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limitability company to transact business in Florida		
Please return all correspondence concerning this matter to the following:	<u>)</u>	
Mand (PW Brite 11 (Name of Person)	SECRETE SECRET	
(Name of Person)	SAL	
Orion Management LLC 5.	RPORATION	
	· 5	
7404 Baltimore Avenue Suilo 200 (Address)		
(Address)		
College Park mb 20740 (City/State and Zip Code)		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
(Name of Person) at (301) 699-9010 (Area Code & Daytime Telephone Number)		
(Name of Person) (Area Code & Daytime Telephone Number)		
MAILING ADDRESS: STREET ADDRESS:		
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building	Division of Corporations Clifton Building	
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301		
Enclosed is a check for the following amount: \$\Begin{align*} \text{\$125.00 Filing Fee} & \Begin{align*} \text{\$\$130.00 Filing Fee & Boundary Status} & \text{\$\$Certified Copy} & \text{\$\$of Status & Certified Copy} \end{align*} \$\text{\$\$Of Status & Certified Copy} & \text{\$\$of Status & Certified Copy} & \$\$of Status & Certified	ite ed Copy	



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 27, 2007

ANDREW BRITE II ORION MANAGEMENT LLC 7404 BALTIMORE AVENUE SUITE 200 COLLEGE PARK, MD 20740

SUBJECT: ORION MANAGEMENT, LLC

Ref. Number: W07000057717

SECRETARY OF STATIONS
NVISION OF CORPORATIONS
NOT DEC -4 PH 4: 24

We have received your document for ORION MANAGEMENT, LLC and your check(s) totaling \$160.00. However, the document has not been filed and is being retained in this office for the following:

You must also attach a copy of the written consent of the managers or managing members adopting the alternate name for Florida. For your convenience, we are enclosing a fill-in-the-blank form for you to complete and return to our office for processing.,

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) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 107A00067364

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

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. Or 'on Management Service, 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 or 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. Defaware 3. 42-1552282 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. October 2001 (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. 1/A 97 VISE
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 7404 Bultimore Avenue Svite 200
College Park MD 20740 (Street Address of Principal Office)
(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:
Tim Britell Chris Maria
Andrew Britell all at the above address
Kurt Gutierrez
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:lechnical
Security Services
Signature of a member or an authorized representative of a member
or 8
(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.)
Andrew P. Rritell

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:	
Orion monagement Services LLC	
If name unavailable, the alternate name to be used in the state of Florida is:	DIVIS 07
Drion management Sorvices LLC	DEC -
2. The name and the Florida street address of the registered agent and office are:	THE PERSON
Eric Rose	ORATION H 4: 24
(Name)	F 35
Florida Street Address (P.O. Box NOT ACCEPTABLE)	B-4
Cape Careviral FL 32920 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)

PAGE 1

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ORION MANAGEMENT SERVICES LIMITED LIABILITY COMPANY" 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 FOURTH DAY OF DECEMBER, A.D. 2007.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ORION MANAGEMENT SERVICES LIMITED LIABILITY COMPANY" WAS FORMED ON THE SIXTH DAY OF NOVEMBER, A.D. 2001.

SECRETARY OF STATE DIVISION OF CORPORATIONS

3454673 8300 (2)



Warnet Smile Windson AUTHENSPIECEAUTE ON COORDINATE State

DATE: 12-04-07