

B11000000037

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

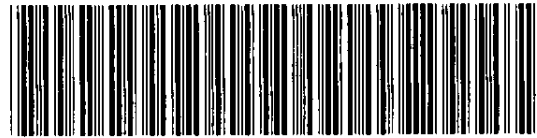
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



900193583259

02/16/11--01007--014 **1008.75

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2011 FEB 16 AM 8:58
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

T. CLINE
FEB 17 2011
EXAMINER

FILED
11 FEB 17 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALARMFORCE LP

Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.

Please return all correspondence concerning this matter to:

Elizabeth Lau, CMA

Contact Person

ALARMFORCE LP

Firm/Company

675 Garyray Drive

Address

Toronto, Canada M9L 1R2

City, State and Zip Code

elizabeth@alarmforce.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dawn R. Johnson

at (954) 567-0013

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> \$1,000.00 Filing Fees
(\$965 Filing Fee and
\$35 Registered Agent
Fee) | <input checked="" type="checkbox"/> \$1,008.75 Filing Fees
and Certificate of
Status | <input type="checkbox"/> \$1,052.50 Filing Fees
and Certified Copy | <input type="checkbox"/> \$1,061.25 Filing Fee,
Certified Copy, and
Certificate of Status |
|---|--|---|---|

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

FILED
11 FEB 17 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 16, 2011

ELIZABETH LAU, CMA
675 GARYRAY DRIVE
TORONTO CANADA M9L 1R2,

SUBJECT: ALARMFORCE LP
Ref. Number: W11000009227

We have received your document for ALARMFORCE LP and your check(s) totaling \$1008.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

All general partners must be active on our records in order to be listed as a general partner.

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) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 111A00003969

FILED
11 FEB 17 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINESS IN FLORIDA

1. ALARMFORCE LP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

2. NORTH CAROLINA

State or Country of Formation

3. 8/31/2004

Date of Formation

4. Name of Registered Agent for Service of Process and Florida Street Address:

Joseph C. Stitgen

953 S.W. Hunt Club Circle

Palm City, FL 34990

5. 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

[Signature]
Signature of Registered Agent

7. Principle Office: (Florida Street Address)

CLB Alarm force n.c. Inc
2819 Brookhollow Rd.
Charlotte, NC 28270

8. Mailing Address:

9. If limited partnership is a limited liability limited partnership, check box ☐

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner:

Name of General Partner:

Anthony Pizzonia

Street Address:

Street Address:

675 Garyray Drive

Toronto, Canada M9L 1R2

Mailing Address:

Mailing Address:

Name of General Partner: Joel Matlin

Name of General Partner:

Street Address: 675 Garyray Drive

Street Address:

Toronto, Canada M9L 1R2

Mailing Address:

Mailing Address:

FILED
11 FEB 17 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name of General Partner: _____ Name of General Partner: _____

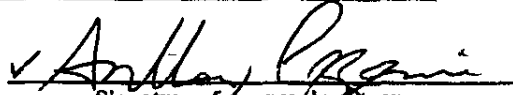
Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

11. Effective date, if other than the date of filing: 2/11/2011
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 11 day of February, 20 11


Signature of a general partner

The individual signing this document affirm that the facts stated herein are true and the individual is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

Page 2 of 2

FILED
11 FEB 17 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NORTH CAROLINA

Department of The Secretary of State

CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

ALARMFORCE LP

is a limited partnership regularly created, organized and existing under the laws of the state of North Carolina, having filed a Certificate of Limited Partnership in my office on the 31st day of August, 2004.

I FURTHER certify that the aforesaid limited partnership has not filed a Certificate of Cancellation with this office as of the date set forth hereunder.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 10th day of February, 2011.

Elaine F. Marshall

Secretary of State

