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Requestor's Name 660 East Jefferson Street			米米米米	7/0001048021 *70.80 *****70.80
Address	_ _			
	850)222-1092			· _ _ • •
City State Zip	Phone			
CORPORATIO	N(S) NAME			- 9
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Alarm One	,Inc.			DO AUG 17
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() Limited Partnership	() Annual Rep		() Other () Change of	. D. √
() Reinstatement	() Reservation		() Fictitious	
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() Walk In	() Will Wait		() Pick Up	
() Mail Out				ECEIVED NUG 17 AM II:
Name				07
Availability	01	PLEASE F	ETURN EXTRA CO	PY(S)
Document Examiner	0/17		FILE STAMPED THANKS	
Updater	•		laura earnest	
Verifier		-		
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Acknowledgment		1 Th	KIN	,
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TRANSMITTAL LETTER

To:	Qualification/Tax Lien Section Division of Corporations					12 PM 4:
ci mi	ECT: Alarm One, Inc.					- 2
20Bi		ne of corpora	ation	- must include suffix)		Ę.
Dear :	Sir or Madam:					,
"Certi	nclosed "Application by Foreign of ificate of Existence", and check are nsact business in Florida.					
Please	e return all correspondence concer	ning this ma	tter	to the following:		
	MichaelS	? Hage	مر			
	alarm On	(Mame	of I	Person)		
	ILEOI E. OI	(Firm/	Con	npany) VI AVE.		-
	anahem, L	À PÀ	ddre H	25° (5° (5° (5° (5° (5° (5° (5° (5° (5° (
		(City/	Stat	e/Zip)		_
Shoul	ld you need to call someone conce	rning this ma	atter	, please call:		
M	ichael S. Page	at (71)	<i>f</i>	, 704-360	03.	
	(Name of Person)	(Ar	ea C	ode & Daytime Telepho	one Nun	nber)
STRI	EET ADDRESS:			MAILING ADDRESS	S:	
Divis 409 E	fication/Tax Lien Section ion of Corporations E. Gaines St. hassee, FL 32399		-	Qualification/Tax Lier Division of Corporatio P.O. Box 6327 Tallahassee, FL 32314	ns	1
Enclo	osed is a check for the following ar	nount:				
□ \$7	0.00 Filing Fee		□	\$78.75 Filing Fee & Certified Copy	Ce	7.50 Filing Fee, ertificate of Status &

To:

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSA BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED \hat{T} REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Olama of a amag	C.	OD ATEDIT	WOOM DANISH WOOD DOD ATTONIN	5
words or abbrev	viations of like import in language as wil	l clearly ind		•
Illinois		3.	36-4204194	
State or country	under the law of which it is incorporate	:d)	(FEI number, if applicable)	
02/20/1998				
•	te of incorporation)	(Duration	n: Year corp. will cease to existor "perpetual")	
Upon Qual				
(Date first	t transacted business in Florida.) (SEE S	ECTIONS 6	607.1501, 607.1502 and 817.155, F.S.)	
1601 E. Orang	ewood Avenue, Anaheim, CA 92805			
	(Current mailin	g address)		
Residential Ala	rm installations, sales & service.			
(Purpose((s) of corporation authorized in home sta	te or countr	v to be carried out in state of Florida)	
• •		•	•	
Name and str	_	igent: (P.C	O. Box of Mail Drop Box NOT acceptable)	
Name:	C T Corporation System		_	
fice Address:	1200 South Pine Island Road			
	Diantation			
	Flantation		, Florida, 33324	
			(Zilp Code)	
. Registered a	agent's acceptance:			
s application, I	hereby accept the appointment as regist s of all statutes relative to the proper an	tered agent d complete		
	Illinois (State or country) 02/20/1998 (Date first) 1601 E. Orang Residential Ala (Purpose) Name and state Name: fice Address:	Illinois (State or country under the law of which it is incorporate 02/20/1998 (Date of incorporation) Upon Qual (Date first transacted business in Florida.) (SEE S 1601 E. Orangewood Avenue, Anaheim, CA 92805 (Current mailin Residential Alarm installations, sales & service. (Purpose(s) of corporation authorized in home stated Name and street address of Florida registered and Name: C T Corporation System 1200 South Pine Island Road Plantation Registered agent's acceptance: (Sying been named as registered agent and to accept service)	Illinois State or country under the law of which it is incorporated) 02/20/1998 (Date of incorporation) Upon Qual (Date first transacted business in Florida.) (SEE SECTIONS of 1601 E. Orangewood Avenue, Anaheim, CA 92805 (Current mailing address) Residential Alarm installations, sales & service. (Purpose(s) of corporation authorized in home state or country Name and street address of Florida registered agent: (P. of Name: CT Corporation System fice Address: 1200 South Pine Island Road Plantation Registered agent's acceptance: Eving been named as registered agent and to accept service of processors.	Illinois 3. 36-4204194 (State or country under the law of which it is incorporated) (PEI number, if applicable) 02/20/1998 5. Perpetual (Date of incorporation) Upon Qual (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 1601 E. Orangewood Avenue, Anaheim, CA 92805 (Current mailing address) Residential Alarm installations, sales & service. (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: CT Corporation System 1200 South Pine Island Road Plantation Florida, 33324 (Zip code)

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

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)	9
Chairman:	Contract of the contract of th
Address:	7 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
Vice Chairman:	<u>`</u>
Address:	-1
· <u></u>	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS (Street address only - P.O. Box NOT acceptable)	23.
President:	
Address:	to a large of the same of the
Vice President:	
Address:	
- <u> </u>	
Secretary:	₩
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing	ng additional officers and/or directors.
13. (Signature of Chairman, Vice Chairman, or any office lis	sted in number 12 of the application)
(Signature of Chantonal, vice Chantonal, or any office in	TOLV
Typed or printed name and capacity of	nerson signing application)

Attachment to Florida

Application By Foreign Corporation for Authorization to Transact Business In Florida

Officers & Directors

Full Name:
 Officer/Director:
 Officer's Title:
 Business Address:

City: State: ZIP Code:

2. Full Name:

Officer/Director: Officer's Title: Business Address:

City: State: ZIP Code:

3. Full Name:

Officer/Director: Officer's Title:

Business Address:

City: State: ZIP Code: Peter C. Maltby

Officer

President, Secretary

1601 E. Orangewood Avenue

Anaheim CA 92805

David J. Hensley

Officer CFO

1601 E. Orangewood Avenue

Anaheim CA 92805

Michael S. Page

Officer COO

1601 E. Orangewood Avenue

Anaheim CA 92805





To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do

hereby certify that hereby certify that

ALARM ONE, INC., A DOMESTIC CORPORATION,
INCORPORATED UNDER THE LAWS OF THIS STATE FEBRUARY 20, 1998,
APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS
CORPORATION ACT OF THIS STATE RELATING TO THE FILING OF ANNUAL
REPORTS AND PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN
GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS**; GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS***



In Testimony Whereof, I, hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this ________15TH day of _____