Document Number Only 200000792 C T CORPORATION SYSTEM Requestor's Name 660 East Jefferson Street 500003220615---04/24/00--01069--025 **Address** 32301 (850)222-1092 Tallahassee, FL ****125.00 ****125.00 Phone Zip City State **CORPORATION(S) NAME** Financia () Profit () Merger () Amendment _NonProfit Limited Liability Company () Mark () Dissolution/Withdrawal Foreign () Other () Annual Report () Limited Parthership () Change of R.A. () Reservation () Reinstatement () Fictitious Name () Limited Liability Partnership () CUS () Photo Copies () Certified Copy () After 4:30 () Call if Problem () Call When Ready () Pick Up () Will Wait () Walk In Name Availability PLEASE RETURN EX FILE STAN Document THANKS Examiner LAURA E Updater Verifier Acknowledgment W.P. Verifier

CR2E031 (1-89)

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. SAFE Financial LLC	
(Name of foreign limited liability co	ompany)
2. Delaware 3. 06-15620	77
	(FEI number, if applicable)
4. July 21, 1999 (Date of Organization) 5. Perpetual (Duration: Y exist or "perpetual	1 PS 8 Year limited liability company will gease to petual")
6. upon qualification	24 FL
Date first transacted business in Florida. (See sections 608.501	1, 608.502, and 817.155, F.S.)
7. 2301 Camino Ramon, Suite 100	1, 608.502, and 817.155, F.S.) FOR PRINT 12:
•	35 RIDA
San Ramon, California 94583 (Street address of principal office	<u>, </u>
(outest address of principal office	0,
8. If limited liability company is a manager-managed company, chec	ck here X
O. The veryal hypriness addresses of the managing mambans or manage	rome one on following
The usual business addresses of the managing members or manag	gers are as follows:
Ronald Carapezzi 777 Long Ridge Rd., Bld. B, 1st I	Floor, Stamford, CT 06927
Christopher Jacobs 44 Old Ridgebury Rd., Danbury,	CT 06810
Thomas Fanelli 44 Old Ridgebury Rd., Danbury, CT (06810
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · ·
Paul F. Sargenti 2301 Camino Ramon, Suite 100, Sar	n Ramon, CA 94583
10. Attached is an original certificate of existence, no more than 90 days old, duly autithe jurisdiction under the law of which it is organized. (A photocopy is not acceptable translation of the certificate under oath of the translator must be submitted.)	
11. Nature of business or purposes to be conducted or promoted in I	Florida: Provide
financing to security alarm dealers, to do any/all a	acts incidental thereto, etc.
Mett and	
Signature of a member or an authorized repres (In accordance with section 608.408(3), F.S., the execution of an affirmation under the penalties of perjury that the facts sta	f this document constitutes
Ohpietanhop To	ans
Typed or printed name of signe	Name of the state

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:	
SAFE Financial LLC	· · · · · · · · · · · · · · · · · · ·	TAL SE OO
2. The name and the Florida street a	ddress of the registered agent and office are	FILED APR 24 PP CRETARY OF LAHASSEE.
CT Corporation System		FS. N
	(Name)	TATE ORIDA
c/o C T Corporation Syst	em, 1200 South Pine Island Road	···-
Florida str	reet 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

Christine M. Eastwine
Assistant Secretar.

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

State of Delaware Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "SAFE FINANCIAL 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 APRIL, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

Edward J. Freel, Secretary of State

AUTHENTICATION:

0370534

DATE:

04-10-00

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