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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

January 23, 2004

SALLY FREUND 1908 HUDSON AVENUE CINCINNATI, OH 45212-3702

SUBJECT: LIFESAFER SERVICE PROVIDERS, LLC

Ref. Number: W04000002888

We have received your document for LIFESAFER SERVICE PROVIDERS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

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) 245-6020.

Tammi Cline Document Specialist

Letter Number: 704A00004133 §

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LifeSafer Service Providers, LLC

1908 Hudson Avenue Cincinnati, OH 45212-3702

"Provider of the LifeSafer Interlock" http://www.LifeSafer.com

January 14, 2004

Florida Dept. of State Registration Department Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

Please accept this application for authorization to conduct business transactions in the State of Florida, as a Foreign Limited Liability Company.

The original Certificate of Existence, Certificate of Registered Agent, and filing fees are included with this application.

We are respectfully requesting the Certified Copy and Certificate of Status be sent to the, above address, as payment for these has also been included.

Sincerely,

Sally Freund

Director of Finance

Sally Freund

SF/rm

Inclosure

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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. Life Safer Service Providers, LLC (Name of foreign limited liability company)	
2. Kentuck (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)	
company is organized)	
4. December 9 1997 (Date of Organization) 5. December 8, 2027 (Duration: Year limited liability company will cease to exist or "perpetual")	
6. <u>Januari 01, 2004</u> (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)	
7. 1908 Hudson Ave	
Cincinnati, Ohio 45212 (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: 9 1 0	<u> </u>
Richard FREUND, President 1908 Hudson AVENUES &	フ 二三
CINCINNATI, OHIO 452125	
	••
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:	
Lease install monitor + deinstall Breath Alcohol Ignition Interl	lock
Sally Freund	.2.
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.) 50114 Freund	
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:
Life Safer Service Providers, LLC
2. The name and the Florida street address of the registered agent and office are: Terry M. Lynch (Name)
Florida street address (P.O. Box NOT ACCEPTABLE)
Milton FL 32583 High Silving City/State/Zip) S2583 High Silving S2583 High S25
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. [Signature]

\$ 100.00 Filing Fee for Application

\$ 30.00 Certified Copy (optional)

\$ 25.00 Designation of Registered Agent

5.00 Certificate of Status (optional)



Trey Grayson Secretary of State

Certificate of Existence

I, Trey Grayson, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

LIFESAFER SERVICE PROVIDERS, LLC

is a limited liability company duly organized and existing under KRS Chapter 275, whose date of organization is December 9, 1997.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 275.190 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 12th day of January, 2004.



Trey Grayson Secretary of State Commonwealth of Kentucky tbates/0442591