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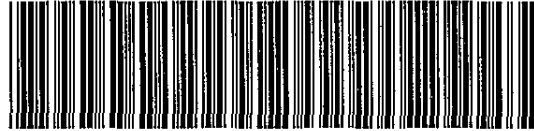
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2004 FEB 10 PM 12:32
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BERMAN FEB 19 2004

**FORMAN
PERRY
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February 5, 2004

Florida Secretary of State
Registration Section
Division of Corporations
P O Box 6327
Tallahassee, Florida 32314

FILED
2004 FEB 10 PM 12:32
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Re: Application by Foreign Limited Liability Company for Authorization to
Transact Business in Florida

Dear Sir or Madam:

Enclosed for filing please find duplicate originals of the above referenced Application for Ncontrol Systems Integration, LLC, duplicate originals of the Certificate of Designation of Registered Agent/Registered Office, a Certificate of Existence dated February 4, 2004 from the State of Mississippi and the filing fee of \$125.00. Please send me proof of registration once the Application has been filed. I have enclosed a pre-addressed stamped envelope for your convenience.

Thank you for your assistance with this matter. If you have any questions, my direct dial number is (601) 969-7850, or you can email me at dhluckett@fpwk.com.

Sincerely,



Dru Lockett

Legal Assistant to Robert C. Hutchison

/dl
Enclosures

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Ncontrol Systems Integration, LLC
(Name of foreign limited liability company)
2. Mississippi 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. October 1, 2003 5. perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. n/a
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 274 Commerce Park Drive, Suite D, Ridgeland, MS 39157

(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:

Shannon Moore, Manager, 274 Commerce Park Drive, Suite D, Ridgeland, MS 39157

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: Sales and service of
physical security control systems



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.)

Shannon Moore, Manager

Typed or printed name of signee

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**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:

NCONTROL SYSTEMS INTEGRATION, LLC

2. The name and the Florida street address of the registered agent and office are:

NRAI Services, Inc.

(Name)

526 E. Park Avenue

Florida street address (P.O. Box **NOT** ACCEPTABLE)

Tallahassee

FL 32301

(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.

NRAI Services, Inc.

By: 

(Signature)

Wil Snodgrass, Assistant Secretary

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

State of Mississippi

Office of the Secretary of State

Eric Clark, Secretary of State

Jackson, Mississippi

CERTIFICATE

I, ERIC CLARK, Secretary of State of the State of Mississippi, and as such the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify that:

NCONTROL SYSTEMS INTEGRATION, LLC

Formed October 1, 2003

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

274 COMMERCE PARK DR STE D (39157)
RIDGELAND MS 39158

and that the registered agent at that address is:

SHANNON MOORE

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office and that said Limited Liability Company is in good standing to do business in Mississippi at this time.



Given under my hand
and seal of office
February 5, 2004

A handwritten signature in cursive script that reads "Eric Clark".

ERIC CLARK
Secretary of State

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