| (Re                     | questor's Name)   |             |
|-------------------------|-------------------|-------------|
| (Ad                     | dress)            |             |
| (Ad                     | dres <b>s</b> )   |             |
| (Cit                    | y/State/Zip/Phone | <i>⇒#</i> ) |
| PICK-UP                 | ☐ WAIT            | MAIL        |
| (Bu                     | siness Entity Nan | ne)         |
| (00                     | cument Number)    |             |
| Certified Copies        | _ Certificates    | of Status   |
| Special Instructions to | Filing Officer:   |             |
|                         |                   |             |
|                         |                   |             |
|                         |                   |             |

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#### **COVER LETTER**

| <del>-</del>                | tion Section of Corporations   |  |  |  |                     |                  |                     |                      |
|-----------------------------|--|--|--|--|---------------------|------------------|---------------------|----------------------|
| SUBJECT:                    | PHOENIX -  | TNSTALL<br>(Name of Lin                        | ATION  ited Liabilit                   | LLC<br>ty Compan                                   | db4                 | Arozux           | , Sys.              | TEMS                 |
| Florida," Certific          | application by Foreig<br>cate of Existence, and<br>y to transact busines | id check are si                                |  | -  |                     |                  |                     |                      |
| Please return all           | correspondence cor   | ncerning this n                                | natter to the                          | following:   | :                   |                  |                     |                      |
|                             | 4  | <i>(ARK J</i> .<br>(Ne                         | 1. M                                   | ULFOR  | ත                   |                  |                     |                      |
| _                           |  | (Na  | me of Perso                            | on)  |                     |                  | <u> </u>            |                      |
|                             | PHOL   | FNX I.   | NSTAL                                  | LATTO  | v '4                | 4C               | 2006                | SIA10                |
|                             |  | (Fi  | rm/Compan                              | y)   |                     |                  |                     | CRE                  |
|                             | 1000   | WINZ   | WARD                                   | RID  | 6E 1                | PARKWAJ          | 328 A               | TARY OF              |
|                             |  |  | (Address)                              |  |                     |                  | ů.                  | S FA                 |
| _                           | ALP.   | <i>HARE 77.</i><br>(City/St                    | 14 C                                   | TA   | 300                 | 005              | <u>ਹ</u>            | JON'S                |
|                             |  | (City/St                                       | ate and Zip                            | Code)  |                     | •                |                     |                      |
| For further inform          | mation concerning t  | hís matter, ple                                | ase call:                              |  |                     |                  |                     |                      |
| $\int$                      | -<br>ANDRA FOR   | <b>&gt;</b>                                    | at ( <i>6)</i>                         | B ) 5  | 566 -               | 2640             |                     |                      |
|                             | (Name of Pers  | son)   |  |  |                     | elephone Nun     | nber)               |                      |
| Division e<br>P.O. Box      | of Corporations<br>6327<br>ee, FL 32314                                  |  | Division of<br>Clifton Bu<br>2661 Exec | ADDRES of Corporat uilding cutive Cent ee, FL 3236 | tions<br>ter Circle | ð                |                     |                      |
| Enclosed is a che ☐\$125,00 | eck for the following Filing Fee   | g amount:<br>00 Filing Fee &<br>Certificate of | □\$155.00<br>Status                    | Filing Fee &<br>Certified C                        | & Si                | 60.00 Filing Fee | :, Certif<br>& Cert | ficate<br>ified Copy |

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

|       | COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGI.<br>HTED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:   | STER 1   | A FOREIG         |
|-------|--|----------|------------------|
| 1.    | (Name of Foreign Limited Liability Company)  | _        |                  |
| _     | (Name of Foreign Limited Liability Company)  |          | <del></del>      |
| 2     | DETAWARE 3 58-2595067  |          |                  |
| (J    | LETAUSARE Jurisdiction under the law of which foreign limited liability Ompany is organized)  3. 58-2595061  (FEI number, if applicable)   | <u> </u> | <del></del>      |
| 4.    | Oa (2000 5. PERETUAL  (Date of Organization) 5. Quration: Year limited liability company will  |          |                  |
| -     | (Date of Organization) (Duration: Year limited liability company will exist or "perpetual")  | cease    | to               |
| 6     | MARCH 15, 2006   |          |                  |
|       | (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)  |          |                  |
| 7     | 4109-A 34 th STREET  |          |                  |
|       | ORLANDO FL 32811 (Street Address of Principal Office)  | ~        | D D              |
| -     | (Street Address of Principal Office)   | 8        | NSE<br>3SE       |
|       | If limited liability company is a manager-managed company, check here  | FEB 2    | CRETAL<br>TON OF |
| 9. 7  | The name and usual business addresses of the managing members or managers are as follows   | ထ<br>∷ာ  | RY EL            |
|       | CLARK H MULFORD  | <b>T</b> | F ST             |
| •     |  |          | A A              |
|       | 1000 WINDWARD RIDGE PARKWAY  | <u> </u> | <i>₹</i><br>—    |
|       | ALPHARETTA GA 30005  |          |                  |
| theju | Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having cur<br>urisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign lar<br>slation of the certificate under oath of the translator must be submitted.) | -        |                  |
| 11.   | Nature of business or purposes to be conducted or promoted in Florida:   |          | _ <del>_</del>   |
| 4     | LOW VOLTAGE WENT IN RESIDENTIAL NEW CONSTRUCTION   | <u> </u> | <b>.</b>         |
|       | Clark Mulloud  |          |                  |
|       | 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.)   |          |                  |
|       | CLARK MULFORD  |          |                  |
|       | 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:                                   | -  |
|--|--|
| PHOENIX INSTALLATION LLC   | =-<br>   |
| 2. The name and the Florida street address of the registered agent and office are: |  |
| CLARK H. MULFORD (Name)  | SECRETAR<br>DIVISION OF C  |
| Florida Street Address (P.O. Box NOT ACCEPTABLE)                                   | CORPORATION OF STATE CORPORATI |
| CRLANDO FL 328// City/State/Zip  | G OFF  |

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, Florida Statutes.

Clark Kufford
(Signature)

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

PAGE 1

# Delaware

### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PHOENIX INSTALLATION, 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 TWENTY-FOURTH DAY OF FEBRUARY, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

DIVISION OF CORPORATIONS
2006 FEB 28 AM 6: 13



Warriet Smith Windson, Secretary of State

AUTHENTICATION: 4548900

DATE: 02-24-06

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