

MOB 000006847

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H. O'Neil DEC 12 2006

MICHAEL D. HORLICK

ATTORNEY and COUNSELOR AT LAW

1314 E. VENICE AVENUE - SUITE D
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December 8, 2006

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: TSI- Distribution, LLC - LLC Application to Transact Business in Florida

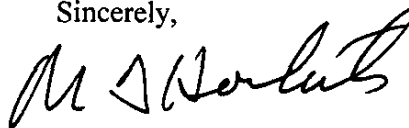
Dear Sir or Madam:

To register the above LLC, we are enclosing with this letter the following documents for filing with the State of Florida.

1. Foreign Limited Liability Company Application to Transact Business.
2. Certificate of good standing with the State of Delaware for TSI-Disbtibution.
3. Certificate of Designation of Registered Agent.
4. A check in the amount of \$125.00 representing the filing fee for the Application to Transact Business.

Your attention to this matter is greatly appreciated. Please contact the undersigned if any further information is needed to register the LLC.

Sincerely,



Michael D. Horlick

MDH/fvt

Enclosures

cc: Jerald H. Smith, Manager
W. Paul Moseley, Manager

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

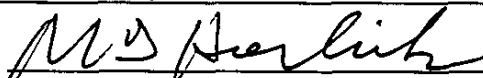
IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTIONS BUSINESS IN THE STATE OF FLORIDA:

1. TSI-Distribution, LLC
(Name of Foreign Limited Liability Company)
2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 20-8005353
(FEI number, if applicable)
4. October 10, 2006
(Date of Organization)
5. Perpetual
(Duration: Year limited liability company will cease to exist or "perpetual")
6. Upon qualification
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 2123 Whitfield Park Avenue, Sarasota, Florida 34243
(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:
Jerald H. Smith, P. O. Box 1049, Tallevast, Florida 34270
W. Paul Moseley, P. O. Box 1049, Tallevast, Florida 34270

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: _____

Distribution of security 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.)

Michael D. Horlick

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

**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:

TSI-Distribution, LLC

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

Michael D. Horlick

(Name)

1314 E. Venice Avenue, Suite D

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Venice,

FL 34285

City/State/Zip

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TALLAHASSEE, FLORIDA

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.



(Signature)

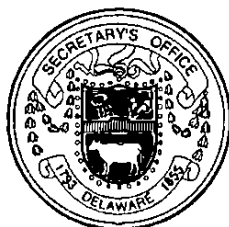
\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TSI-DISTRIBUTION, 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 FIFTH DAY OF DECEMBER, A.D. 2006.



4232586 8300

061106224

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5246203

DATE: 12-05-06