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(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Ch	ty/State/Zip/Phone #)	
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Name)	
(Do	ocument Number)	
Certified Coples	Certificates of S	Status
Special Instructions to	Filing Officer:	
	Ly C	·

Office Use Only

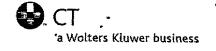


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1203 Governors Square Blvd. Tallahassee, FL 32301-2960 850 222 1092 tel 850 222 7615 fax www.ctlegalsolutions.com

January 29, 2007

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301 OT JAN 29 PAR 2: 58
FECRETARY OF STORIES

Re: Order #: 6837374 SO

Customer Reference 1: Monitronics

Customer Reference 2:

Dear Department of State, Florida:

Please file the attached:

MI Servicer GP, LLC (DE) Registration Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to the attention of the undersigned.

If for any reason the enclosed cannot be filed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Jennifer Murphy
Fulfillment Specialist
jennifer.murphy@wolterskluwer.com

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

	CTION 608.503, FLORIDA STA			IBMITED TO F	EGISTER A F	OREIGN
LIMITED LIABILITY COMPAN	IY TO TRANSACT BUSINESS IN	THE STATE OF	FFLORIDA:	Į.		1
1. MI Servicer GP, LLC				\ 	多星	_
	(Name of Foreign Limi	ited Liability C	ompany)		五 2	, \
2. Delaware		_ 3			572	
(Jurisdiction under the law company is organized)	of which foreign limited liabil	lity	(FEI numb	er, if applicable	40	5:2
4. 01/12/2007		5. perpeti			97	. <i>o</i> o
. (Date of Or	ganization)	(Dura exist	ation: Year limited or "perpetual")	liability compan	y will cease to	
6.					•	
(S	Date first transacted business i ee sections 608.501 & 608.502	in Florida, if pr 2 F.S. to detern	ior to registration.) ine penalty liabilit	у)		
7. 2350 Valley View Lane,	Suite 100					
Dallas, TX 75234						
	(Street Add	iress of Princip	al Office)			
9. The name and usual	mpany is a manager-mana	managing m	embers or mana		lows:	
Michael R. Meyers, Ma	nager, 2350 Valley View Lane	, State 100, Da	Has, 1A /3234			
						<u> </u>
custody of records in the ju	certificate of existence, no maintribution under the law of was a translation of the certifi	vhich it is orga	anized. (A photod	copy is not acce	ptable. If the	
11. Nature of business of	or purposes to be conducte	ed or promot	ed in Florida: 4	cts solely as gen	eral partner	_
of Monitronics LP, which	provides alarm monitoring, cu	stomer service	and collections ser	vices to an affili	ate	_ .
	FIMM V	B				
(I)	ignature of a member or a n accordance with section 608.408 n affirmation under the penalties o	(3), F.S., the exe	ecution of this docum	ent constitutes		
a.		Meyers, Man		,		
	Typed or pri	inted name o	if 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 Limi	ited Liability Company is:
MI Servicer GP, LLC	
2. The name and the Flo	orida street address of the registered agent and office are:
	C T Corporation System
	(Name)
	1200 South Pine Island Road
	Florida Street Address (P.O. Box NOT ACCEPTABLE)
	Plantation, Florida 33324
	City/State/Zip
liability company at the p agent and agree to act in relating to the proper and obligations of my position C T Comp By:	rgistered agent and to accept service of process for the above stated limited blace designated in this certificate, I hereby accept the appointment as registered this capacity. I further agree to comply with the provisions of all statutes a complete performance of my duties, and I am familiar with and accept the as registered agent as provided for in Chapter 608, Florida Statutes. Michael E. Jones 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)

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MI SERVICER GP, 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-FIFTH DAY OF JANUARY, A.D. 2007.

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

4284459 8300 070087750 Harriet Smith Windson, Secretary of State

AUTHENTICATION: 5384552

DATE: 01-25-07