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(Re	equestor's Name)				
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(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Bu	usiness Entity Nan	ne)			
(Do	ocument Number)	:			
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					

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COVER LETTER					
TO: Registration Section Division of Corporations					
SUBJECT: InGrid Services, LLC.					
(Name of Limited Liability Company)					
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida					
Please return all correspondence concerning this matter to the following:					
Stephen Schueren					
	ne of Person)				
	,				
InGrid Services, LLC.					
······································	n/Company)				
`	,				
020 Cannott Ed. Suito 220					
920 Cassatt Rd, Suite 220	(Address)				
`	Addressy				
Berwyn, PA 19312					
(City/State and Zip Code)					
For further information concerning this matter, plea	ase call:				
•					
Stephen Schueren	at 484-913-1400				
(Name of Person)	(Area Code & Daytime Telephone Number)				
,					
MAILING ADDRESS:	STREET ADDRESS:				
Division of Corporations	Division of Corporations				
P.O. Box 6327	Clifton Building				
Tallahassee, FL 32314	2661 Executive Center Circle				
	Tallahassee, FL 32301				
Enclosed is a check for the following amount:					
□ \$125.00 Filing Fee □ \$130.00 Filing Fee & Certificate of	□ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate Status Certified Copy of Status & Certified Copy				

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:

١.	InGrid Services LLC	
	(Name of Foreign Limited Liability Company)	
ī	Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 3. 77-0681626 (FEI number, if applicable)	······
١.	04/12/2007 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease exist or "perpetual")	e to
	06/01/2007	
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
ı	920 Cassatt Rd, Suite 220, Berwyn, PA 19312	SECRE DIVISION
	(Street Address of Principal Office)	95.
If limited liability company is a manager-managed company, check here The name and usual business addresses of the managing members or managers are as f		SAN AND AND AND AND AND AND AND AND AND A
	Louis Anthony Stilp - 920 Cassatt Rd, Suite 220, Berwyn, PA 19312 Patricia Olds Kesling - 920 Cassatt Rd, Suite 220, Berwyn, PA 19312	行的 表
	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody equivalent to under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language instation of the certificate under oath of the translator must be submitted.) Nature of business or purposes to be conducted or promoted in Florida: Manufacture and distribute a residential home security system designed specifically to communicate to our central computer system over a homeown broadband internet connection. We plan on using sales agents (primarily large broadband providers who will self our product and services via phone orders and internet (e-commerce. The home security system emergency monitoring will be done through a 3rd party provider. Although the system is designed as a self install system if a homeowner designs professional installation we will provide that through a 3rd party installation company.	e, a ners
	- State Show	
	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.)	
	Stephen Schueren	
	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:	
ln	Grid Services LLC	
2.	The name and the Florida 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 FL 33324 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, Florida Statutes.

(Signature)

Hillary England 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 "INGRID SERVICES 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 TWELFTH DAY OF APRIL, A.D. 2007.



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Darriet Smith Hindson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5588677

DATE: 04-12-07