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(Re	questor's Name)	
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COVER LETTER

	ration Section on of Corporations				
SUBJECT:	FrontPoint Sec	urity Solutions, LLC	,		
		mited Liability Comp		-	
Florida," Cert	"Application by Foreign Limited L ificate of Existence, and check are any to transact business in Florida.	submitted to register			
Please return	all correspondence concerning this	matter to the following	ng:		
		er M. Rogers, COO			
	A)	Name of Person)			
		t Security Solutions, LLC firm/Company)	-		
	(F	mm/Company)			
•	1568 Spr	ing Hill Road, Suite 301);c		3
		(Address)	7	RETAR TO	i ⊭ ≠
	McLean	VA	22102		^ 1
	(City/S	State and Zip Code)		LS: LS:	أفحد
For further in	formation concerning this matter, p	lease call:		PH 12: 18 OF STATE OF STATE	
Peer	M. Rogers	at (703)	776-9131		
	(Name of Person)		Daytime Telephor	ne Number)	
MAIL	ING ADDRESS:	STREET ADDR	ESS:		
	on of Corporations	Division of Corpo	orations		
	30x 6327	Clifton Building	0.1		
Tallah	assee, FL 32314	2661 Executive C Tallahassee, FL 3			
	check for the following amount: 5.00 Filing Fee \$130.00 Filing Fee & Certificate	—		iling Fee, Certificate f Status & Certified	

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS. IN THE STATE OF FLORIDA: FrontPoint Security Solutions, LLC (Name of Foreign Limited Liability Company) 2. Delaware 3. <u>26-0202317</u> (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) May 16, 2007 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, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 1568 Spring Hill Road Suite 301 McLean 22102 (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: Managing Member Same as Principal Address above A. Christopher Villar Managing Member Same as Principal Address above Peter M. Rogers Member/Manager 25/75/75 ** ** **** Managing Member Same as Principal Address above Aaron C. Chadwick 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: **Electronic Security Services** 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.)

Typed or printed name of signee

Peter M. Rogers, COO

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:		
	FrontPoint Security Solutions, LLC		
2.	The name and the Florida street address of the registered agent and office are:		
	Capitol Corporate Services, Inc.	2601 TAE	
	(Name)	JUL	
	155 Office Plaza Dr., Suite A	NO NRY SSE	ı I
Florida Street Address (P.O. Box NOT ACCEPTABLE)		PH 12:	A STATE OF THE PERSON NAMED IN
	Tallahassee FL 32301	RE 18	
	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.

Gayle Windle, Asst. Secretary on behalf of Capitol Corporate Services, Inc. (Signature)

\$ 100.0	00 F	iling Fee for Application
\$ 25.0	00 D	esignation of Registered Agen
\$ 30.0	00 C	Certified Copy (optional)
\$ 5.0		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 "FRONTPOINT SECURITY SOLUTIONS, 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 JULY, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FRONTPOINT SECURITY SOLUTIONS, LLC" WAS FORMED ON THE SIXTEENTH DAY OF MAY, A.D. 2007.

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

AVS OF AVAILABLE O

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Warriet Smith Hinden

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5818315

DATE: 07-05-07