M0700004210

(Requestor's Name)
(Address)
(Address)
(1001000)
(City/State/Zip/Phone #)
<u> </u>
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Fing Officer:
Office Use Only



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07 JUL -6 PILIZ: 45





ACCOUNT NO. : 072100000032

REFERENCE: 984439

7542840

AUTHORIZATION

ORDER DATE : July 6, 2007

ORDER TIME : 11:18 AM

ORDER NO. : 984439-020

CUSTOMER NO: 7542840

FOREIGN FILINGS

NAME: SAFEGUARD SERVICES LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY __ PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kimberly Moret -- EXT# 2949

EXAMINER:



RECEIVED

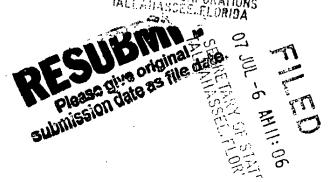
FLORIDA DEPARTMENT OF STATE CONTROL OF STATE DIVISION OF COrporations Physical Division of Corporations TALLAHASSEE FLORIDA

July 6, 2007

KIMBERLY MORET CSC TALLAHASSEE, FL

SUBJECT: SAFEGUARD SERVICES LLC

Ref. Number: W07000032044



We have received your document for SAFEGUARD SERVICES LLC and the authorization to debit your account in the amount of \$125.00. However, the document has not been filed and is being returned for the following:

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a foreign limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form. You must also attach a copy of the written consent ofthe managers or managing members adopting the alternate name for Florida. For your convenience, we are enclosing a fill-in-the-blank form for you to complete and return to our office for processing.

The alternate name must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited"may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable limited liability company suffixes in Florida: "Limited Company," "L.C.," and "LC."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr Document Specialist

Letter Number: 207A00043435

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 INMITTED ITARII ITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

LIMITED LIABILITY COI	APANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	رزمر
SafeGuard Ser	vices LLC	
(Name of Foreig	Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
	rvices of Delaware LLC	
	ter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the wri	tei
consent of the managers Company," "L.L.C" "I	or managing members adopting the alternate name. The alternate name must include "Limited Liability LC.")	
Delaware	3 20-4734369	
(Jurisdiction under the company is organized	: law of which foreign limited liability (FEI number, if applicable)	
November 23,	2005 5, 2104	
(Date	of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	
Upon filing.		
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7. 5400 Legacy I	Orive	
Plano, TX 750)24	
	(Street Address of Principal Office)	
3. If limited liability	company is a manager-managed company, check here 🔀	
The name and uc	ial business addresses of the managing members or managers are as follows:	
See attached E	xhibit "A"	
<u></u>		
he jurisdiction under the	I certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records aw of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a cunder oath of the translator must be submitted.)	in
1. Nature of busine	ss or purposes to be conducted or promoted in Florida: Any lawful business,	
purpose or acti		
<u> </u>		
	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.)	
	Dave M. Bryan	

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:

SafeGuard S	ervices LLC
If name unavai	ilable, the alternate name to be used in the state of Florida is:
SafeGuard	Services of Delaware LLC
2. The name a	nd the Florida street address of the registered agent and office are:
	Corporation Service Company
	(Name)
	1201 Hays Street
	Florida Street Address (P.O. Box NOT ACCEPTABLE)
	Tallahassee _{FL} 32301
	City/State/Zip
liability compar agent and agree relating to the p obligations of n	amed as registered agent and to accept service of process for the above stated limited my at the place designated in this certificate, I hereby accept the appointment as registered to act in this capacity. I further agree to comply with the provisions of all statutes proper and complete performance of my duties, and I am familiar with and accept the my position as registered agent as provided for in Chapter 608, Florida Statutes. Service Company Ann R. Shilling, Asst. VP

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

EXHIBIT "A"

Managers

Charles S. Feld	5400 Legacy Drive, Plano, TX 75024
Danny A. Defenbaugh	5400 Legacy Drive, Plano, TX 75024
Dave M. Bryan	5400 Legacy Drive, Plano, TX 75024
David H. Israelson	5400 Legacy Drive, Plano, TX 75024
Darrell A. DeGlandon	5400 Legacy Drive, Plano, TX 75024
Elizabeth Disch	5400 Legacy Drive, Plano, TX 75024

WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify that we are the Managers and/or Managing
Members of SafeGuard Services LLC
(Name of Limited Liability Company)
a limited liability company duly organized and existing under the laws of
Delaware
(State or Country of Organization)
Because the name of this foreign limited liability company does not satisfy the
requirements of the s. 608.406, F.S., the limited liability company hereby adopts the
following name to transact business in the state of Florida:
SafeGuard Services of Delaware LLC
(Name to be used by limited liability company in Florida. NOTE: Name must end with Limited Liability Company, L.L.C., or LLC.)
Date: <u>07/05/07</u>
Signature(s) of Manager(s) and/or Managing Member(s):

PAGE 1

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SAFEGUARD 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 SIXTH DAY OF JULY, A.D. 2007.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SAFEGUARD SERVICES LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF NOVEMBER, A.D. 2005.

THE STATE OF THE S

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5819999

DATE: 07-06-07

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