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Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : A 1 A CORPORATE SERVICES, INC.LS
Account Number : 12001000047

: (800)494-3124 Phone Fax Number : (561)455-9885

ORIDA/FOREIGN LIMITED LIABILITY CO. **CISTAMOTUA**

SOUTHWEST AUGUSTICE SECURITY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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Corporate Filing Menu

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

IN COMPLIANCE WITH SECIE LIMITED LIABILITY COMPANY I	IN 608.508, FLORIDA SIA OTRANSACT BUSINESS (1	NUHE S	, THE FOLLOWING IS SUBMITTED TO RECESSE STATE OF FLORIDA:	K A PUNEAUN
. SOUTHWEST AUTO				
	(Name of fore	rigo lim	ited liability company)	
TEXAS		3.	27-0103211	
(Jurisdiction under the law of company is	hich foreign limited liabil rganized)		(PEI number, if applicable)	
4. 1/12/2004		5.	PERPETUAL	
(Date of Organi	zation)		(Duration: Year limited liability company will be exist or "perpetual")	use to
5.			IFICATION	
(Date fret tran	sacted business in Florida.	(Sec se	cotions 608.501, 608.502, and 817.155, F.S.)	
71885 S\	V 4TH AVE STE E7	DEL	RAY BEACH, FL 33444	<u> </u>
1885 SV	4TH AVE STE E7	DELI	RAY BEACH, FL 33444	
	(Street ad	dress of	principal office)	
3. If limited liability compa	ny is a manager-mane	agod co	ompany, check here	
. The name and usual bus	ness addresses of the	ញលាសន្ត	ring members or managers are as follows:	
MEMBER: CLYDER. SPE	NCE 1885 SW 4TH AVE	STE E	7 DELRAY BEACH, FL 33444	
MEMBER: GEORGE GOO	OWIN 10907 SHADY TR	AIL STE	102 DALAS, TX 75220	
	of which it is organized. (A	photo	sys old, duly suthenticated by the official having costs copy is not acceptable. If the cartificate is in a foreign b ubmitted.)	
11. Nature of business or p	urposes to be conduct	ed or p	promoted in Plorida:	
WHOLESALE DISTR	IBUTION			
	•			
<u> </u>	· · · ·			•
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Simon	Service of the servic	anth a	had representative of a member.	<u> ≥s</u>
		-		<u> </u>
in agrad	the Tribut the pendificator pe CLYDER.		et apa consti fersica poliniti une Man?	22

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.

The name of the Limited Liability Company is: SOUTHWEST AUTOMATED SECURITY, LLC				
2. The name ar	nd the Florida street address of the registered agent and office are:			
	CLYDE R. SPENCE			
	(Name)			
	1885 SW 4TH AVE STE E7			
	Florida street address (P.O. Box NOT ACCEPTABLE)			
	DELRAY BEACH FL 33444	,		
	(City/State/Zip)			

Flaving 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 forther 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, F.S.

(Signature)



November B, 2007

CERTIFICATE OF ACCOUNT STATUS

THE STATE OF TEXAS COUNTY OF TRAVES

I, Sugar Combs. Comptroller of Public Accounts of the State of Texas, DO HEREBY CERTLEY that according to the records of this office

SOUTHWEST AUTOMATED SECURITY ILC

is: as of this date, in good standing with this office having no franchice tax reports or payments due at this time. This certificate is walld through the date that the next franchise tax report will be due Nay 15, 2008.

This certificate does not make a representation as to the status of the corporation's Certificate of Authority, if any, with the Ress Secretary of State.

This certificate is valid for the purpose of conversion when the converted entity is subject to frenchise tak se required by law. This certificate is not valid for the purpose of dissolution, serger, or withdrawal,

GIVEN UNDER MY HAND AND SEAL OF OFFICE in the City of Austin, this 5th day of November 2007 A.D.

Susan Combs Texas Comptroller

Tempsyss number: 38014153350 File number: 0000290750

Porm 08-304 (Rev. 02-83/14)

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SECRETARY OF STATE
AND ANASSEF, FI ORIO

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