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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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SECRETARY OF STATE



#### **COVER LETTER**

Division of Corporations	
SUBJECT: Security Networks Acce	
(Name of Lim	ited Liability Company)
•••	ability Company for Authorization to Transact Business in abmitted to register the above referenced foreign limited
Please return all correspondence concerning this n	natter to the following:
Trisha Paulino	
(Na	ame of Person)
Security Networks	
	rm/Company)
·	
3223 Commerce Place	e Suite 101
	(Address)
West Palm Beach, FL	33407
(City/St	ate and Zip Code)
For further information concerning this matter, ple	ease call:
Trisha Paulino	<sub>at (</sub> 561 <sub>)</sub> 697-9997 ext 243
(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:  \$\sum{125.00 Filing Fee}\$ \$\sum{130.00 Filing Fee & Certificate of the following amount:}	\$155.00 Filing Fee & \$160.00 Filing Fee, Certificate  f Status Certified Copy of Status & Certified Cop

## 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:

1. Security Networks Acceptance L	
(Name of Foreign Limited Liability Company; must include	ide "Limited Liability Company," "L.L.C.," or "LLC.")
	se of transacting business in Florida and attach a copy of the writte rnate name. The alternate name must include "Limited Liability
	<u>3</u> 26-1399183
(Jurisdiction under the law of which foreign limited liability company is organized)	( FEI number, if applicable)
4. 11-13-07 (Date of Organization)	5. perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
<sub>6.</sub> n/a	75 9 A
(Date first transacted business in Fl (See sections 608.501 & 608.502 F.S	orida, if prior to registration.) . to determine penalty liability)
7. 3223 Commerce Place Suite 10	)1 BSA TO F
West Palm Beach, FL 33407 (Street Address	orida, if prior to registration.) . to determine penalty liability)  1  Of Principal Office)  ORDINATION OF Principal Office)
8. If limited liability company is a manager-managed	company, check here
9. The name and usual business addresses of the man	aging members or managers are as follows:
Security Networks LLC / Richar	d Perry, Manager
3223 Commerce Place Suite 10	01
West Palm Beach, FL 33407	
the jurisdiction under the law of which it is organized. (A photocoptranslation of the certificate under oath of the translator must be sub-	mitted.)
11. Nature of business or purposes to be conducted o	r promoted in Florida: the purchase &
sale of security alarm contracts	
R.C.	P
(In accordance with section 608.408(3), I an affirmation under the penalties of per	
Richard Perry, Mar	nager

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:	
Security Networks Acceptance LLC	
If name unavailable, the alternate name to be used in the state of Florida is:	
2. The name and the Florida street address of the registered agent and office are:	•
Security Networks LLC (Name)	OT NOV!
3223 Commerce Place Suite 101 Florida Street Address (P.O. Box NOT ACCEPTABLE)	19 MID: 04 NASSEE FLORIGATION
West Palm Beach, FL 33407	OH ORIDA

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.

fut Wendel (Signature) Kenneth Wiesenfeld

\$ 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 "SECURITY NETWORKS ACCEPTANCE 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 FOURTEENTH DAY OF NOVEMBER, A.D. 2007.



4456308 8300

071222065

Warriet Smith Hindson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6161105

DATE: 11-14-07