# MU 8000001888

(Requestor's Name)
·
(Address)
(Adding a)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
·
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
:

Office Use Only



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04/18/08--01002--009 \*\*125.00

RECEIVED

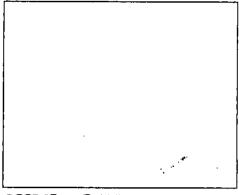
B. KOHR

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**EXAMINER** 

### FILE 2ND

F!-ORIDA RESEARCH & FILING SERVICES, INC. 1211 CIRCLE DRIVE TALLAHASSEE, FL 32301 PHONE (850)656-6446



OFFICE USE ONLY

WALK-IN

#### ENTITY NAME:

1. CHOICEPOINT GOVERNMENT SERVICES, LLC

CK# 3260

AMOUNT \$125.00

PLEASE FILE THE ATTACHED QUALIFICATION & RETURN THE FOLLOWING:

\_\_\_ CERTIFIED COPY

XXX STAMPED COPY

\_\_\_ CERTIFICATE OF STATUS

Examiner's Initials



RECEIVED

08 APR 21 PH 1: 00

April 18, 2008

FLORIDA RESEARCH & FILING SERVICES 1211 CIRCLE DRIVE TALLAHASSEE, FL 32301

SUBJECT: CHOICEPOINT GOVERNMENT SERVICES LLC

Ref. Number: W08000019803



We have received your document for CHOICEPOINT GOVERNMENT SERVICES LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$125.00 payment.

In Item 9, in addition to the address, please list the NAMES of the MANAGERS or MANAGING MEMBERS.

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 Regulatory Specialist II

Letter Number: 408A00023403

\* RE-SUBMITTING ORIGINAL

\*\* RE-SUBMITTING ORIEN DATE

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#### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: ChoicePoint Government 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:
Aleta F. Squires
(Name of Person)
ChoicePoint Inc.
(Firm/Company)
1000 Alderman Drive
(Address)
Alpharetta, GA 30005
(City/State and Zip Code)
For further information concerning this matter, please call:
Aleta Squires at (770) 752.6177
Meta Squires at (770) 752.6177  (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:  State

## 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: 1. ChoicePoint Government Services LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.") 2 Georgia (Jurisdiction under the law of which foreign limited liability 4. 02.28.08 5. Perpetual (Date of Organization) (Duration: Year limited liability company will cease to Upon filing (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 1000 Alderman Drive Alpharetta, GA 30005 (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: 1000 Alderman Drive Alpharetta, GA 30005 SEE ATTACHEO 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: Risk management and fraud prevention services for government agencies and corporations 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,) Mary M. Young, Assistant Corporate Secretary, Chercelont Services Inc.

Typed or printed name of signee

#### ChoicePoint Government Services LLC

#### Officers:

David Lee, President and Chief Executive Officer Steven W. Surbaugh, EVP and Chief Administrative Officer David E. Trine, Chief Financial Officer Carol A. DiBattiste, General Counsel David W. Davis, Secretary John M. Mongelli, Treasurer Mary M. Young, Assistant Secretary

#### Sole Member:

ChoicePoint Services Inc. 1000 Alderman Drive Alpharetta, GA 30005

#### Managers:

Derek V. Smith, Chairman Douglas C. Curling Steven W. Surbaugh

#### 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:
ChoicePoint Government Services 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:
Corporation Service Company
(Name)
1201 Hays Street
Florida Street Address (P.O. Box NOT ACCEPTABLE)
Tallahassee FL 32301
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.  Corporation Service Company  BY:  (Signature)  Signature
\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

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

\$ 30.00

Control No. 08017527

# STATE OF GEORGIA

## Secretary of State

Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

# CERTIFICATE OF EXISTENCE

I, Karen C Handel, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

#### CHOICEPOINT GOVERNMENT SERVICES LLC

#### **Domestic Limited Liability Company**

was formed or was authorized to transact business on 02/28/2008 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 20th day of March, 2008

Karen C Handel Secretary of State

Cau Chardel

Certification Number: 2414944-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp