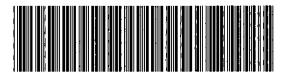
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SECRETARY OF STATE
ANASSEE, FLORID.

D. BRUCE

JUL 1 2 2011

EXAMINER

COVER LETTER

Registration Section

TO:

Division	of Corporations	
SUBJECT:	Advanced Defense Protection, LLC	
	Name of Limited Liability Company	
	plication by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certifick are submitted to register the above referenced foreign limited liability company to transact business in	
Please return all c	orrespondence concerning this matter to the following:	
_	Kathy Loflin	
	Name of Person	
	ADP Telecare	
-	Firm/Company	
	430 Woodruff Road Suire 300	
	Address	
	Green vulle SC 29607	
_	City/State and Zip Code	
	Kloflin@ teleco.com	
	E-mail address: (to be used for future annual report notification)	
For further inform	ation concerning this matter, please call:	P~
	Cathy Loflin at (B64) 297.3124 325 = Same of Person Area Code & Daytime Telephone Number	17
	Vame of Person Area Code & Daytime Telephone Number	i
Division	G ADDRESS: STREET ADDRESS: Division of Corporations	
Registrat P.O. Box	on Section Registration Section 6327 Clifton Building	
Tallahass	ee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301	
	neck for the following amount: Filing Fee \$\sum_{\text{Certificate of Status}} \square \square \square \square \square \text{S155.00 Filing Fee & Certified Copy}} \square \square \square \square \square \square \text{S160.00 Filing Fee, Certified Copy}}	

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

IN COMPLIANCE W						BMITTED TO R	EGISTER	A FO	REIGN
(Name of For	eign Limited Liabi	lity Compar	ny; must includ	le "Limite	LLC_ ed Liability Compar	ıy," "L.L.C.," o	r "LLC.")		
(If name unavailable consent of the manay Company," "L.L.C,"	gers or managing m								
2. Sout	th Caro In C	i.	3.						
company is organ	ized)	foreign limi			(FEI number				
4. 11 la	3 2009		5.		Perpetuation: Year limited li	L			
(D	ate of Organization)		(Dura	tion: Year limited li or "perpetual")	iability company	will ceas	e to	
	T	BA			,		= ";		
6	(Date first (See sections	transacted b s 608.501 &	ousiness in Flor 608.502 F.S.	rida, if pri to determ	or to registration.) ine penalty liability	·)		=	the grang
7							HAS	=	erentena Promoter
		Deer A	ieth mits	ch, f	<u>-</u> L		SEE.		
		(S	treet Address o	of Principa	al Office)		S1	PD	
8. If limited liab	ility company is	a manage	er-managed	company	y, check here 🔽	T) RIDA	<u>ဆ</u> တ	
9. The name and	usual business	addresses	of the mana	ging me	embers or manag	ers are as fol	lows:		-
Frank	Rogers	4301	Woodrut	PRI.	Sur 360 (Ween UL	SC 2	960	7
OKS	mith II	430	Woodra	EF RJ	Sur 300 (Creenell	,5C2	960	7
10. Attached is an ori the jurisdiction under translation of the cert	the law of which it	is organized	. (A photocopy	isnotace					ords in
II. Nature of bu	siness or purpos	es to be c	onducted or	promote	ed in Florida:	PERS un	IT MON	ITOR	ing
	Emergency			•		•			J
	(//		Libo					·	
	Signature	of a mem	ber or an aut	horized	representative o	f a member.			
	ccordance with sectio	n 608.408(3)), F.S., the execu	tion of this	s document constitute	s an affirmation u			
					are that any false in			i.)	

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.

If unavailable, th	e alternate to be used in the state of Florida is:		
2. The name and	I the Florida street address of the registered agent and office are:		
	mark williams		
•	(Name)		
	606 South Military Trail	JUL II	
•	Florida Street Address (P.O. Box NOT ACCEPTABLE)	m,≺ ·	
	Deer Field Beach, FL 33442 City/State/Zip		
•	City/State/Zip		

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.

> Mort C. all (Signature)

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional)

5.00 Certificate of Status (optional)

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

ADVANCED DEFENSE PROTECTION, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on November 23rd, 2009, with a duration that is until December 31st, 2108, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 30th day of June, 2011.

Mark Hammond, Secretary of State