To: Page 1 of 5

Division of Corporations $\frac{6/92012305578449D}{3} = \frac{13239628300}{3} = \frac{1323962830$

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600

Phone : (323)962-8600 Fax Number : (323)962-3889

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

Foreign Limited Liability Company Opaque Security, LLC

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Electronic Filing Menu

Corporate Filing Menu

J. BRYAN

JUN - C 2012

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations				
SHRD	rer.	Opaque Security, LLC			
SUBJECT: Name of Limited Liability Company					
		mited Liability Company for Authorization to Transact Business i gister the above referenced foreign limited liability company to tra			
Please	return all correspondence concern	ing this matter to the following:			
		Barbara Dang			
		Name of Person			
		Legalzoom.com, Inc.	TSE T		
		Firm/Company			
100 W. Broadway Suite 100			50 M		
Address					
		Glendale, CA 91210	70, e		
		City/State and Zip Code	7		
		900			
	E-mail	address: (to be used for future annual report notification)			
For fur	ther information concerning this m	natter, please call:			
	Barbara Da	ng _{at (} 323 ₎ 962-8600	1		
	Name of Perso				
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, Fl. 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
Enclo	sed is a check for the followi	ng amount:			
			ng Fee, Certificate s & Certified Copy		

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

LIMITE	D LIABILITY COMPANY TO TRANSACT BUSINES		curity 1.1.C	
1			urity, LLC "Limited Liability Company," "L.L.C.," or "LLC.")	
,	mame of Poteign Limited Limitity Company, in	nust theiliae	Ellinted Engolnty Company, 1212-12, or 1222.	
consent			of transacting business in Florida and attach a copy of the water name. The alternate name must include "Limited Liability	
2.	WY	3.	45-4416049	
(Juris	diction under the law of which foreign limited l any is organized)	iability	(FEI number, if applicable)	
4.	01/29/2012	5.	Perpetual	
	(Date of Organization)		(Duration: Year limited liability company will cease to exist or "perpetual")	
ś	The Seat to seat & win	and in Tilent	1. (6)	
	(Date first transacted busin (See sections 608,501 & 608	3.502 F.S. to	determine penalty liability)	
12	5 E. Merritt Island Cswy, Merritt Islan	d, FL 329	952 = 5 5	77
				:
	(Street	Address of	Principal Office)	n
3. If E	imited liability company is a manager-m	anaged co	ompany, check here	至り
). The	e name and usual business addresses of t	he manag	ing members or managers are as follows:	8: 12
Je	ffery Kenner Gilchriest, 663 Jillotus S	Street, M	erritt Island, FL 32952	
Cli	arence Fenton, 2766 Lakeland Aven	ue, Palm	Bay, FL 32908	
he juris		photocopy is	is old, duly authenticated by the official having custody of reconsisted and acceptable. If the certificate is in a foreign language, a sed.)	ds in
1. N	ature of business or purposes to be cond	ucted or p	romoted in Florida:	
	Service	e: Securit	y services	
	(In accordance with section 608	.408(3), F.S.,	orized representative of a member. the execution of this document constitutes that the facts stated herein are true)	
	1/	_	ilchriest	

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:			
	Opaque Security, LLC			
If unavailable, t	he alternate to be used in the state of Florida is:			
		- <u></u>		
2. The name an	d the Florida street address of the registered agent and office are:	で見て		
	Jeffery K. Gilchriest	克里 5 1		
	(Name)			
	663 Jillotus Street	TO S.		
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	REFE TO		
	Merritt Island FL32952	.		
	City/State/Zip	_		
liability company agent and agree relating to the pr	med as registered agent and to accept service of process for the above s y at the place designated in this certificate, I hereby accept the appoint to act in this capacity. I further agree to comply with the provisions of roper and complete performance of my duties, and I am familiar with a y position as registered agent as provided for in Chapter 608, Florida S (Signature)	ment as registered fall statutes nd accept the		

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)



STATE OF WYOMING Office of the Secretary of State

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Opaque Security, LLC is a Limited Liability Company

formed or qualified under the laws of Wyoming did on **January 29, 2012**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2012-000615731**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 25th day of May, 2012 at 10:19 AM. This certificate is assigned 012129926.



May Maffield Secretary of State

TALL AHASSEE FLORING.

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy gov and following the instructions displayed under Validate Certificate.