

#112000004531  
Sent by 9545673481 AP 08-18-12 03:48p Pg: 2/6  
Division of Corporations Page 1 of 5  
August 3, 2012

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H12000197199 3)))



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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : API PROCESSING  
Account Number : I20110000069  
Phone : (954)567-0013  
Fax Number : (954)567-3401

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

kathy@apiprocessing.com

Email Address:

Foreign Limited Liability Company  
Saber, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

RECEIVED  
12 AUG 10 PM 3:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER  
AUG 13 2012

Electronic Filing Menu

Corporate Filing Menu

Help

API Processing  
3419 Galt Ocean Drive, Suite A  
Ft. Lauderdale, FL 33308  
(954) 567-0013 Office  
(954) 567-3401 Fax

July 30, 2012

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314


Re: Saber Alarm, LLC  
Document Number: To be issued.

To Whom It May Concern:

API Processing is registered as a fictitious name under the corporation of Alarm Professionals, Inc.

Please call with any questions.

Thank you,

  
Kathy Ballam

Fax sent by : 9545673401

API

08-10-12 03:40p Pg: 1/6

**\*\*\* TRANSMISSION REPORT \*\*\***

*Ahn: Tammy*

SID : API

Number : 9545673401

Date : 08-03-12 14:56

Date/Time	8-03 14:55
Dialed number	18506176383
Subscriber	850 617 6381
Durat.	0'54"
Mode	NORMAL
Pages	5
Status	Correct

Division of Corporations Page 1 of 1  
August 3, 2012

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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18506176383

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To: DIVISION OF CORPORATIONS  
Fax Number : (888) 617-6193

From: APPROVED NAME : JILL M. JAMES, MD  
APPROVED NUMBER : 720116000000  
PHONE : (561) 281-0013  
Fax Number : (561) 507-3101

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.  
Email Address: kathy@apiprocessing.com

Foreign Limited Liability Company  
Naber, LLC

Certificate of Status	0
Certified Copy	0
Page Count	25
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu Help

http://file.mahir.com/submit/submit.asp 8/3/2012

*8/10/12 3:36 Tammy  
re-fax - didn't receive*

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Saber, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Saber Alarm, 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. Tennessee 3. 45-5633848  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 07-05-2012 5. Perpetual  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. July 30, 2012  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 3717 Henderson Road, Knoxville, TN 37931

3717 Henderson Road, Knoxville, TN 37931

(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:

Christian Thompson, 3717 Henderson Road, Knoxville, TN 37931

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: Electrical

Christian Thompson  
Signature of a member or an authorized representative of a member.

(In accordance with section 698.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Christian Thompson

Typed or printed name of signer

**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:

Saber, LLC

If unavailable, the alternate to be used in the state of Florida is:

Saber Alarm, LLC

2. The name and the Florida street address of the registered agent and office are:

API Processing

(Name)

3419 Galt Ocean Drive, Suite A

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Fort Lauderdale,

FL

33308

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.*

Kathy Ballam  
(Signature)

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

H12000197199 3

## WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify that we are the Managers and/or Managing

Members of Saber, LLC  
(Name of Limited Liability Company)

a limited liability company duly organized and existing under the laws of

Tennessee

(State or Country of Organization)

Because the name of this foreign limited liability company does not satisfy the  
requirements of the s. 608.406, F.S., the limited liability company hereby adopts the  
following name to transact business in the state of Florida:

Saber Alarm, LLC

(Name to be used by limited liability company in Florida. NOTE: Name must end with Limited Liability  
Company, L.L.C., or LLC.)

Date: August 13, 2012

Signature(s) of Manager(s) and/or Managing Member(s):

C. Thompson

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FILED  
12 AUG -3 AM 10:24  
CLERK OF STATE  
TALLAHASSEE, FLORIDA



**STATE OF TENNESSEE**  
**Tre Hargett, Secretary of State**  
Division of Business Services  
William R. Snodgrass Tower  
312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102

**API PROCESSING**  
**KATHY BALLAM**  
**STE A**  
**3419 GALT OCEAN DR**  
**FORT LAUDERDALE, FL 33308-7003**

July 23, 2012

**Request Type: Certificate of Existence/Authorization**  
**Request #: 0071858**

**Issuance Date: 07/23/2012**  
**Copies Requested: 1**

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**Document Receipt**

Receipt #: 798596

Filing Fee: \$20.00

Payment-Check/MO - API PROCESSING, FORT LAUDERDALE, FL

\$20.00

**Regarding: SABER, LLC****Filing Type: Limited Liability Company - Domestic****Control #: 690215****Formation/Qualification Date: 07/05/2012****Date Formed: 07/05/2012****Status: Active****Formation Locale: TENNESSEE****Duration Term: Perpetual****Inactive Date:****Business County: KNOX COUNTY**

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**CERTIFICATE OF EXISTENCE**

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the Issuance date noted above

**SABER, LLC**

\* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;

\* has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

\* has appointed a registered agent and registered office in this State;

\* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett  
Secretary of State

Processed By: Shella Keeling

Verification #: 001326113