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(Do	cument Number)	
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C. LEWIS
DEC 1 9 2012
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

Secure-24, 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:

Dawn Ledbetter

Name of Person

Secure-24, LLC

Firm/Company

26955 Northwestern Highway, Suite 200

Address

Southfield, MI 48033

City/State and Zip Code

dawn.ledbetter@secure-24.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dawn Ledbetter

248

909-7250

Name of Person

Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

\$125.00 Filing Fee

□ \$130.00 Filing Fee & Certificate of Status

□ \$155.00 Filing Fee & Certified Copy

□ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

	LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
	ure-24, LLC ame of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
consent o	inavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability" "L.L.C," "LLC.")
_{2.} Del	ware 3.
(Juriso compa	ction under the law of which foreign limited liability is organized) (FEI number, if applicable)
4. Au	gust 20, 2012 _{5.} Perpetual
	(Date of Organization) (Duration: Year limited liability company will use to exist or "perpetual")
6.	
··	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) D55 Northwestern Highway, Suite 200
_{7.} 26	955 Northwestern Highway, Suite 200
So	uthfield, MI 48033
	(Street Address of Principal Office)
8. If li	nited 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:
	tt B. Perper and Scott R. Stevens 150 North College St, Ste: 2400, Charlotte, NC 28202
Mic	ael Jennings, Matthias Horch and Volker Straub -26955 Northwestern Hwy. Ste. 200, Southfield, MI 48033
the juriso translatio	ned is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in ction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a of the certificate under oath of the translator must be submitted.) ure of business or purposes to be conducted or promoted in Florida: Secure-24, LLC
	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. 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.)
	Michael Jennings

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 Co	ompany is:	Wiscoe File
Secure-24, LLC		Notes
If unavailable, the alternate to be used in	the state of Florida is:	44 8.18
2. The name and the Florida street address.		nd office are:
Northwest Registered	d Agent LLC	
	(Name)	
3030 N. Rocky Poi	nt Dr. STE 150A	
Florida Street	Address (P.O. Box NOT ACCEPT	TABLE)
Tampa	_{FL} 33607	
	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.

Dan Keen-Manager
(Signature)

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

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SECURE-24, 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 FOURTH DAY OF DECEMBER, A.D. 2012.

5200989 8300

121294020

AUTHENTY CATION: 0048733

DATE: 12-10-12

You may verify this certificate online at corp. delaware.gov/authver.shtml