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Foreign Limited Liability Company CNIGUARD, LLC

Certificate of Status	0
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K. SALY **EXAMINER**

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COVER LETTER

	Division of Corporations		
UBJEC	CT;		
	•	Name of Limited Liability Company	
he encl xistence	losed "Application by Foreign Limited L e, and check are submitted to register the	lability Company for Authorization to Transact Business in Plori e above referenced foreign limited liability company to transact b	ida," Certificate pusiness in Plori
leaze re	eturn all correspondence concerning this	matter to the following:	•
	MARC A LEVINE		
		Name of Person	
	HOROVITZ, RUDOY & ROT	BMAN	
	Firm/Company		
	436 SEVENTH AVENUE, SU	TTE 600	
	<u> </u>	Address	_
	PITTSBURGH, PA 15219		
		City/State and Zip Code	
	MLEVINE@HRRCPA.COM		
	E-mail address	s: (to be used for future annual report notification)	
or furthe	er information concerning this matter, pl	lease call:	
	MARC A LEVINE	412 3912920 at ()	
-	Name of Person	Area Code & Daytime Telephone Number	
]]]	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassoe, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tullahassee, FL 32301	
nclose:	ed is a check for the following amount of \$125.00 Filing Fee \$130.00 Filing Certificate	ling Fee & 🗆 \$155,00 Filing Fee & 🗆 \$160.00 Filing Fee	

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

IN COMPLIANCE WITH SECTION 608503. FLORIDA STATUTES, THE POLITOWING IS SLIBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: CNIGUARD, LLC (Name of Possign Limited Liability Company; must include "Limited Liability Company," "L.L.C." of "LLC.") (If name univaliable, enteralizment name adopted for the purpose of transacting business in Piorida and attach a copy of the written consent of the managers of managing members adopting the alternate name. The alternate mains must include "Limited Liability Company," "LL & C.") 99-0365833 Pennsylvania (furisdiction paster the law of which foreign limited liability company is organized) (FR) number, if applicable) Perpetual. 3/22/2011 (Duration: Year limited liab (lity company will cease to exist or "perpetual") (Date of Organization) (Date first transacted business in Florids, II prior to registration.) (See sections 608:501 & 608:502 P.S. to determine penalty liability) 2730 RETREAT VIEW CIRCLE SANFORD, FL 32771 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here ب 9. The name and usual business addresses of the managing members or managers are as follows: CNIGUARDILITO JUBILEE HOUSE, MERRION AVENUE STANMORE HA74RY 10. Attached is an original certificate of existence, no more than 90 days old, duly sufficilities the official having custody of records in the jurisiliation under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign large some a musicion of the certificate under path of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Salar of Intrusion Detection Equipment Signature of a member or an authorized representative of a member. (in accordance with section 608.408(1), P.S., the execution of this document constitutes an affirmation under the penalties of partury that the facts stated hards ero me. I son aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in #817.155, P.S.) BOWARD KLIN GER

Typed or printed name of signer

01/18/2013 10:08 8029390A5

CT CORPORATION

· 1240/2012 Wolton Missier Collec

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.

The name of the Limited Liability Company is: CNIGUARD, LLC					
If unavailable	, the alternate to be	used in the state of Florida is:			
2. The name	and the Florida stree	et address of the registered agent and office are:			
	C T Corporation System				
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Name)			
		1200 South Pine Island Road			
Florida Street Address (P.O. Box NOT ACCEPTABLE)					
	Plentation	FI. 33324			
		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.

C T Corporation System

(Signatur) Maria T. Chambers Special Assistant Secretary

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

JANUARY 18, 2013

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

CNIguard, LLC

is duly organized as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT, This Subsistence Certificate shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth

Certification Number: 10908087-1 Verify this certificate online at http://www.corporations.state.pa.ue/corp/soskb/verify.asp