Florida Department of State

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L. SELLERS

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Foreign Limited Liability Company Securadyne Systems Southeast, LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

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CR2E027 (9/10)		COVER LETTER	
	ration Section on of Corporations		
SUBJECT:	ccumdyne Systems So		
		Name of Limited Liability Company	
		Limited Liability Company for Authorization to Transact Business register the above referenced foreign limited liability company to transact the company to transact property of the company to the compa	
Please return al	l correspondence conc	erning this matter to the following:	
	Anna Short, Esq.		
		Name of Person	
	Alston & Bird LLP		
		Firm/Company	
	Bank of America Pl	aza, 101 S. Tryon Street, Suite 4000	
		Address	
	Charlotte, NC 2828)-4000	
		City/State and Zip Code	
	anna.short@alston.co	om	
	Е-1	nail address: (to be used for future annual report notification)	
For further info	mation concerning th	is matter, please call:	
Anna	Short, Esq.	704 444-1000 at ()	
	Name of P		
Division Regist P.O. B	ING ADDRESS: on of Corporations ration Section lox 6327 assec, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
	a check for the follows: 5.00 Filing Fee	\$130.00 Filing Fee & S155.00 Filing Fee & S160.00 Fi	lling Fox Certificate & Certified Copy The control of the copy o
			FILED JG 16 PHIZ: 33 ETARY OF STATE HASSEC, FLORIDA

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

	LIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A F LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	OREIGN
	dyne Systems Southeast, LLC	
(Na	one of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	 -
consent of Company,"	navailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the the managers or managing members adopting the alternate name. The alternate name must include "Limited Liabi" "L.L.C," "LLC.")	
2. Delawar	re 3. (FEI number, if applicable)	_
company	y is organized)	_
4. 08/14/	2013 5. perpetual	_
	(Date of Organization) (Duration: Year limited liability company will cease 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)	
7. 3440 S	Sojoura Drive, Suite 240, Carrollian, TX 75006	~~
	(Street Address of Principal Office) ited liability company is a manager-managed company, check here	-
9. The n	name and usual business addresses of the managing members or managers are as follows:	
Secur	radyne Systems Intermediate LLC - Member and Manager	_
3440	Sojourn Drive, Suita 240, Carrollton, TX 75006	
thejurisdic	red is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of tion under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, of the certificate under oath of the translator must be submitted.)	e e
11. Natu	pre of business or purposes to be conducted or promoted in Florida: to provide electronic security	_
system	as and related services.	_,
	Composition = 50	ಪ
	(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	<u> </u>
	document to the Department of State constitutes a third degree felony as provided for in s.817.355.75.5.)	<u> </u>
	Carey Bouthel, Chief Executive Officer	e in
	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.

The name of the Limited Liability Company is: Securadyne Systems Southeast, LLC			
If unavailable, the alternate to be used in the state of Florida is:			
2. The name an	d the Florida street add	ress of the registered agent and office are:	
		C T Corporation System	
		(Name)	
		1200 South Pine Island Road	
	Florida Stree	et Address (P.O. Box NOT ACCEPTABLE)	
	Plantation	FL 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.

By: Ternell Keerney Asst. Scareboy

(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

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SECURADYNE SYSTEMS SOUTHEAST, 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 SIXTEENTH DAY OF AUGUST, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5383309

DATE: 08-16-13