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SECRETARY OF STATE TALLAHASSEE, FLORIDA





ION SERVICE COMPAN	γ.				
	ACCOUNT NO.	: 12000000195			
	REFERENCE	: 778087 7925111			
	AUTHORIZATION	: Smelselenan			
	COST LIMIT	( # N			
ORDER DATE :	August 27, 2013			- <del>-</del>	
ORDER TIME :	3:19 PM				
ORDER NO. :	778087-001		<del></del>	TA'S	_
CUSTOMER NO:	7925111		AUG	ECRE	<b>:</b> -
			AUG 3D	ASS E	T ggt.: July
	FOREIGN F	FILINGS	2		· .
NAME:	NCODED COMMUN	NICATIONS, LLC	2: 00	STATE	
XXXX QUALIFIC	CATION (TYPE: <u>L</u>	<u>.L</u> )			
PLEASE RETURN	THE FOLLOWING AS	PROOF OF FILING:			
XX PLAIN	FIED COPY STAMPED COPY FICATE OF GOOD ST	CANDING			
CONTACT PERSON	N: Susie Knight	EXT# 52956			
		EXAMINER:		-	

SEP 03 MB

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: NCODED COMMUNICATIONS, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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.") Delaware 46-3504520 (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) 07-16-2013 Perpetual (Date of Organization) (Duration: Year limited liability company will cease exist or "perpetual") Upon Filing 6. (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 17633 Gunn Highway, Hwy #188 Odessa, FL 33556 (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: I.D Rank Security, Inc., Member, 17633 Gunn Highway, Hwy #188, Odessa, FL 33556 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.) Software Services 11. Nature of business or purposes to be conducted or promoted in Florida: Signature of a member or an authorized perfesentative 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.)

Typed or printed name of signee

Peter Rung

### 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     NCODED COMMUNICATIONS, LLC	Company is:	
If unavailable, the alternate to be used	in the state of Florida is:	
	dress of the registered agent and office are:	7A.L.
Corporation Service Co	ompany	LAHASS AUG 30
	(Name)	
1201 Hays Street		79 m
Florida Str	Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Tallahassee	32301 FL	O RIDA
<del> </del>	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.

Corporation Service Corkpany

(Signature)

Sue G. Knight

Assistant Vice President

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

## Delaware

PAGE 1

#### The First State

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

DELAWARE, DO HEREBY CERTIFY "NCODED COMMUNICATIONS, 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 TWENTY-SEVENTH DAY OF AUGUST, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NCODED COMMUNICATIONS, LLC" WAS FORMED ON THE SIXTEENTH DAY OF JULY, A.D. 2013.

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

13 AUG 30 PH 2:01

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Jeffrey W Bullock, Secretary of Star AUTHENTY CATION: 0693061

DATE: 08-27-13

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