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DEPARTMENT OF STATE

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SECRETARY OF STATE TALLAHASSEE, FLORID

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TION SERVICE COMPAN	γ.						
•	ACCOUNT NO.	:	120000001	95			
	REFERENCE	:	7.91426	7925111			
	AUTHORIZATION	:	NEC.	man	•		
	COST LIMIT	:	\$ 125.00				
ORDER DATE :	September 9, 201	3					-
ORDER TIME :	9:27 AM						
ORDER NO. :	791426-001						
CUSTOMER NO:	7925111						
							<b>-</b>
	FOREIGN F	ILI:	<u>NGS</u>				
NAME:	CIFERCOM LLC						
XXXX QUALIFI	CATION (TYPE: LI	Ĺ)			TALLAH	2013 SEP	. I
PLEASE RETURN	THE FOLLOWING AS	PR	OOF OF FILI	NG:	ASSI		?
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CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER:

#### 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 LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: CIFERCOM 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 (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 07/10/2013 (Duration: Year limited liability company will cease to exist or "perpetual") (Date of Organization) (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. 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.) 11. Nature of business or purposes to be conducted or promoted in Florida: SOFTWARE SERVICES 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.) Peter Rung 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.

I. The nam	ne of the Limited Liability C	Company is:	
If unavailab	ole, the alternate to be used in	n the state of Florida is:	
2. The nam	e and the Florida street addr	ress of the registered agent and office are:	
	1201 Hays Street	(Name)	2013 SEP 12 SCORE LAR
	Florida Street	Address (P.O. Box NOT ACCEPTABLE)  32301  FL	F.G. B.
		City/State/Zip	9: 4.1 ORIDE

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 Company

By: G. Knight

(Signature)

(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

PAGE 1

#### The First State

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

DELAWARE, DO HEREBY CERTIFY "CIFERCOM 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 TENTH DAY OF SEPTEMBER, A.D. 2013.

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

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

TALL ANASSEE FLORIDA

5368677 8300

131074579

Jeffrey W. Bullock, Secretary of Sta

AUTHENTX CATION: 0725622

DATE: 09-10-13

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