## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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| To: Division of Corporations Fax Number : (850) 617-6383 |       | Doing so will generate another cover sheet. |          |
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| From:  |       | Division of Corporations                    | -        |
| From: Account Name : C T CORPORATION SYSTEM              |       | Fax Number : (850)617-6383                  | <u> </u> |
| Account Name : C T CORPORATION SYSTEM                    | From: |   | 무를 무 수   |
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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#### Foreign Limited Liability Company Protective Systems Holdings, LLC

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LLAHASSEE FLORIDA

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CR2E027 (9/10) COVER LETTER TO: Registration Section Division of Corporations Protective Systems Holdings, LLC SUBJECT: Name of Limited Liability Company The enclosed "Application by Poreign 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: Mathilde Kapuano Name of Person Sheppard Mullin Richter & Hampton LLP Firm/Company 333 South Hope Street, 43rd Floor Address Los Angeles, CA 90071-1422 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jessica Hale 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 Cliffon Building 2661 Executive Center Circle

Taliahasses, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Pcc □ \$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 608508, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LUBBLITY COMPANY TO THANSACT BUSINESS IN THE STATE OF FLORIDA-PROTECTIVE SYSTEMS HOLDINGS, 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 content of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "LL.C." (LLC.") 46-4297174 (Jurisdiction under the taw of which foreign limited liability company is organized) (FRI number, if applicable) December 11, 2013 **JAUTBTUAL** (Date of Organization) (Duration: Year limited liability company will sease to exist or "perpetual") (Date first transacted business in Florids, if prior to registration.) (See sections 608,501 & 608,502 F.S. to determine penalty liability) . I 1766 Wilshire Blvd., Suite 550 至... Los Angeles, Ca. 90025 (Street Address of Principal Office) 8. If ibulted 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: Academy Fire Life Safety LLC 11766 Wilphire Blvd., Suite 550 Los Angeles, Ca. 90025 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having oustedy of records in the jurisdiction under the law of which it is opponized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under outh of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Pacifity Services. Signature of a member or an authorized representative of a member, (in accordance with section 602.402(1), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facis stated berein are true, I am aware that any false information submitted in a document to the Department of State constitutes a third degree follow as provided for in s. \$17.155, P.S.)

Typed or printed name of signee

FL017 - 05/13/2013 Welture Elever Culture

JUSTIN BENSHOOF

# 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.

| If unavailable, t | ne alternate to be used | d in the state of Florida is:                  |      |                     |   |
|-------------------|-------------------------|--|------|---------------------|---|
| 2. The name an    | d the Florida street ac | ddress of the registered agent and office are; | A 57 | [13 D               |   |
|                   |                         | C T Corporation System                         |      | 33                  |   |
|                   |                         | (Name)   |      | $\overline{\omega}$ |   |
|                   |                         | 1200 South Pine Island Road                    |      | 霊                   | C |
|                   | Florida Si              | reet Address (P.O. Box NOT ACCEPTABLE)         |      | <del>4</del> ~      |   |
|                   | Plantation              | FL 33324                                       |      | ರಾ                  |   |
|                   |                         | Clty/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: CT Comporation System

(Signature)

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



### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PROTECTIVE SYSTEMS HOLDINGS, 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 TWELFTH DAY OF DECEMBER, A.D. 2013.

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

DATE: 12-12-13