M15 000 009826

| (Re | equestor's Name) | |
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| (Ac | ldress) | • • • • |
| (Ac | ddress) | · · · · · · · · · · · · · · · · · · · |
| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL MAIL |
| (Bt | usiness Entity Nan | ne) |
| , | · | • |
| (Do | ocument Number) | <u>-</u> |
| Certified Copies | Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



900279848569

PLEASE FILE SELVO_ THATKS!

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 900029 8071928

AUTHORIZATION: Spelle Man

COST LIMIT : \$ 125.00

**-----

ORDER DATE: December 5, 2015

ORDER TIME : 12:54 PM

ORDER NO. : 900029-150

CUSTOMER NO: 8071928

FOREIGN FILINGS

NAME: FE MORAN SECURITY SOLUTIONS,

LLC

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

COVER LETTER

F. E. Moran Security Solutions, LLC Name of Limited Liability Company

Registration Section Division of Corporations

TO:

| ease return all correspondence concerning this matter to the | following: | |
|---|--|--|
| Licensing | | |
| N: | ame of Person | |
| FE Moran Securit | y Solutions, | LLC |
| 201 W University | Address | |
| Champaign, IL City/S | 41820 tate and Zip Code | <u></u> |
| licensing Ofemo E-mail address: (to be used | ron Security. I for future annual report not | Co— lification) |
| further information concerning this matter, please call: | | |
| April Fylce Name of Contact Person | at (217) 40 Area Code Day | 13-645-Z rtime Telephone Number |
| MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 | Division Registrat Clifton B 2661 Exc | of Corporations ion Section suilding ecutive Center Circle see, FL 32301 |
| closed is a check for the following amount: \$\Begin{align*} \Boxed{1} \$125.00 \text{ Filing Fee & Certificate of Status} \end{align*}\$ | S155.00 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

| | TION 605.0902, FLORIDA STATUTES, THE FOL ISINESS IN THE STATE OF FLORIDA: | LOWING IS SUBMITTED TO REGISTER A FO | REIGN UMITED LIABILITY |
|--|---|--|--|
| 1. FE Morar (Name of For | Sourity Solutions include " | Umited Liability Company," "L.L.C.," or "L | .LC.") |
| (If name unavailable, enter a | Iternate name adopted for the purpose of transaction "LLC.") | _ | must include "Limited |
| 2 Delawo | | Le1- 1438541 | |
| (Jurisdiction under the law company is organized) | of which foreign limited liability | (FEI number, if applicable) | |
| 4 | (Date first transacted business in Floric (See sections 605.0904 & 605.0905, F.S. | ia, if prior to registration.) to determine penalty liability) | |
| s. 201 W L | Lniversity Ave | | |
| Champaig | 1) IL 61820 (Street Address of Principal O | (Con) | |
| 6 | (Silect Addless of Filmolphi O | | 200 |
| | | | 5 R |
| | (Mailing Address) | | C |
| 7. Name and street address | ss of Florida registered agent: (P.O. Box 1 | NOT acceptable) | |
| Name: | Corporation Service Company | | |
| Office Address: | 1201 Hays Street | | |
| | Tallahassee | , Florida 32301 | |
| | (City) | (Zip code) | ≥ 1 ° 1 |
| designated in this applicate to complywith the provisi | issace: Inglistered agent and to accept service of pro- ition, I hereby accept the appointment as r ions of all statutes relative to the proper an my position as registered agent. Corporation Service Company By: | registered agent and agree to act in this and complete performance of my duties, the second se | capacity. I further agree and I am familiar with an |
| | (Registered agent | s signature) | a Zender |
| | | Asst. Vice | e President |
| 8. The name, title or cap: | acity and address of the person(s) who has/ | have authority to manage is/are: | |
| 201 h) | Bean - tresident/CE University Ave | 0 | |
| Chang | Paign IT LOIS | 20 | |
| Attached is a certificate jurisdiction under the law of the translator must be s | of existence, no more than 90 days old, du of which it is organized. (If the certificate i | ly authenticated by the official having cu is in a foreign language, a translation of t | istody of records in the |
| of the translator must be s | 10/1/1/60- | | |
| | Signature of an author | orized person | |
| This document is executed submitted in a document to | d in accordance with section 605.0203 (1) (to the Department of State constitutes a third | b), Florida Statutes. I am aware that any t | false information 55, F.S. |
| | Brett D. E | | |

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "FE MORAN SECURITY SOLUTIONS, 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 SEVENTH DAY OF DECEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FE MORAN SECURITY SOLUTIONS, LLC" WAS FORMED ON THE TWELFTH DAY OF NOVEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

SECRETARY OF STATE

Authentication: 10556577

Date: 12-07-15