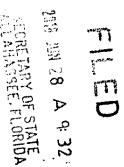
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(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

Office Use Only



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S Warren JUN 2 9 2016

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 195368 8053266

AUTHORIZATION : Spelledon

COST LIMIT : \$/125.00

ORDER DATE: June 28, 2016

ORDER TIME : 12:57 PM

ORDER NO. : 195368-010

CUSTOMER NO: 8053266

FOREIGN FILINGS

NAME: CML SECURITY, LLC

XXXX QUALIFICATION (TYPE: LL)

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

TO:	Registration of	on Section Corporation	as						
SUBJI		SECURITY, I	LLC						
Name of Limited Liability Company									
The en Exister	closed "Appl nce, and checl	cation by For are submitte	eign Limited Liability Com d to register the above refer	pany for Authoriza enced foreign limi	ation to Tra ted liability	ansact Business in Florida," Certificate of y company to transact business in Florida.			
Please	return all con	espondence c	oncerning this matter to the	following:					
	Jī	JLIE ALLEN							
Name of Person									
	CML SECURITY, LLC								
	_		F	irm/Company					
400 YOUNG CT., UNIT 1									
				Address					
ERIE, CO 80516									
			City/S	tate and Zip Code					
JALLEN@CMLSECURITY.US									
		···-	E-mail address: (to be use	d for future annual	report not	tification)			
For fur	ther informati	on concerning	g this matter, please call:						
JULIE ALLEN				720 ut (466-36	50 EX. 814			
		Name o	f Contact Person	Area Code	Day	rtime Telephone Number			
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		of Corporations ion Section suilding ecutive Center Circle				
Enclose	ed is a check □ \$125.00	for the follow Filing Fee	ing amount: \$\Pi\$\$ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin 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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

CML SECURITY, LL	C eign Limited Liability Company; m	ust include "Limited I	ighility Company ""I I C " o	w "IIC"		
(rume or rot	organ Emmod Emotricy Company, im	ust include 13itined (classific Company, E.E.C., b	or Lise, j		
(If name unavailable, enter a Liability Company," "L.L.C	Iternate name adopted for the purpor	se of transacting busin	ness in Florida. The alternate na	ame must include "Limi	ted	
2. SOUTH DAKOTA		3 47-432623	3			
(Jurisdiction under the law company is organized)	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable company is organized)					
4. TO BE DETERMINE						
	(Date first transacted busin (See sections 605.0904 & 605	tess in Florida, if prior 5.0905, F.S. to determ	to registration.) ine penalty liability)			
5. 400 YOUNG CT., UN				_		
ERIE CO 80516						
	(Street Address of	Principal Office)	······································	- 194 77 33 53 77 33 53		
6. 400 YOUNG CT., UN	IT 1				*******	
ERIE, CO 80516					-	
	(Mailing	(Address)		— हिंसू अर्थ	11-11-10-10-10-1	
7. Name and street addre	ss of Florida registered agent: (P	P.O. Box NOT acce	eptable)	Mo	П	
Name:	Corporation Service Company	A 9: OF STAI FLORE	O			
Office Address:	1201 Hays Street			3 2 (TE (IDA		
	Tallahassee		, Florida ³²³⁰¹	~		
	(City)	······································	(Zip code)			
designated in this applicate complywith the provisi	tance. gistered agent and to accept ser tion, I hereby accept the appoin ons of all statutes relative to the my position as registered agent. Corporation Service Compan By:	ntment as registerea e proper aud compla	agent and agree to act in the ete performance of my dutie	his capacity. I furthe	r agree	
	(Regis	stered agent's signatur	e) Asst	Vice Presiden	t	
8 The name title or can	acity and address of the person(s	t) who hae/have out	ority to manage islare:			
	DENT 1601 COUNTY ROAD 4					
	CUTIVE VICE PRESIDENT 14			90023		
	- TO THE TRESHELL T	103 EVERBOLIS D	KITE WESTMINSTER CO			
9. Attached is a certificate jurisdiction under the law of the translator must be s	of existence, no more than 90 da of which it is organized. (If the cabmitted)	ays old, duly author certificate is in a for	ticated by the official having	g custody of records in of the certificate unde	the roath	
	Signature	e of an authorized per	son			
This document is executed	in accordance with section 605.	0203 (1) (b) Florid	a Statutes. Lain aware that ar	ny false information		
	the Department of State constitu					

KEITH THOENE PRESIDENT

State of South Dakota



OFFICE OF THE SECRETARY OF STATE Certificate of Existence Limited Liability Company

ORGANIZATIONAL ID# DL044012

- I, Shantel Krebs, Secretary of State of the State of South Dakota, do hereby certify that CML Security, LLC was duly organized under the laws of this state on June 18, 2015 for a perpetual term of existence.
- I, further certify that said limited liability company has complied with the laws of this State relative to the formation of limited liability companies of its kind and is now a regularly and properly organized and existing limited liability company under the laws of this State and is in good standing, as shown by the records of this office. The annual report required by law has been filed with our office and articles of termination have not been filed.

This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the limited liability company's financial condition or business activities and practices. Such information is not available from this office.

Validation Number: 262536238

Use this number to verify the certificate as legitimate via the South Dakota Secretary of State website: sdsos.gov

IN TESTIMONY WHEREOF, I

have hereunto set my hand and affixed the Great Seal of the State of South Dakota, at Pierre, the Capital, this June 28, 2016.

Shortel Krebs



Shantel Krebs Secretary of State

Certificate ID: 34285