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O SIMMONS APR 0 6 2017 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 583058 7621443

AUTHORIZATION

COST LIMIT : (\$\)125.00

ORDER DATE : April 4, 2017

ORDER TIME : 2:45 PM

ORDER NO. : 583058-010

CUSTOMER NO: 7621443

FOREIGN FILINGS

NAME: SECURITY7 NETWORKS LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

'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:

	SINESS IN THE STATE OF FLORIDA:			
1. SECURITY7 NETWO		***		
(Name of Fore	ign Limited Liability Company; mus	t include "Limited Liab	ility Company." "L.L.C" or "	LLC.")
(If name unavailable, enter al Liability Company," "L.L.C."	ternate name adopted for the purpose	of transacting business	in Florida. The alternate name	must include "Limited
NEW HAMPSHIDE		2		
(Jurisdiction under the law company is organized)	of which foreign limited liability	3	(FEI number, if applicable)	
4.				
	(Date first transacted busines (See sections 605.0904 & 605.0	s in Florida, if prior to	registration.)	
5. 860 Lafayette Road, U			ренану наотку)	
Hampton, NH 03848				
	(Street Address of P	rincipal Office)		v.
6.				. =====================================
				元
	(Mailing A	(ddress)		1
* N	CDL 11 14 14 17 (D.	O. D NOT	61-5	· · · · · · ·
/. Name and street addres	s of Florida registered agent: (P.	O. Box NOT accepta	ible)	
Name:	Corporation Service Company			Ç5
Office Address:				3
	Tallahassee		, Florida 32301 (Zip code)	
	(City)		(Zip code)	
Registered agent's accep		ing of manager for the	bddddd	itu aanna ann at tha alaaa
	gistered agent and to accept serv tion, I hereby accept the appoint			
to complywith the provision	ons of all statutes relative to the j	proper and complete		
accept the obligations of i	my position as registered agent. Corporation Service Compan	V21	Melissa 2	7ender
	By:	M. Form	//	
		ered agent's signature)	Asst. Vice I	resident
8 The name title or cans	acity and address of the person(s)	0	ty to manage is/are:	
Raymond F. Scholl/Meml		id, Unit 4 Hampton,		
James E. Smith, Jr /Memb	per 860 Lafayette Roa	d, Unit 4 Hampton, 1	NH 03848	
Brian B. Thomas/Member	r 860 Lafayette Roa	d, Unit 4 Hampton, l	NH 03848	
	of existence, no more than 90 day of which it is organized. (If the coubmitted)			
	Signature	of an authorized person		
This document is executed submitted in a document to	I in accordance with section 605.0 the Department of State constitu	203 (1) (b), Florida S tes a third degree felo	tatutes. I am aware that any ny as provided for in s.817.	false information
	James E. Smith, Jr		, , , , , , , , , , , , , , , , , , , ,	,

Typed or printed name of signee

State of New Hampshire Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that SECURITY7 NETWORKS, LLC is a New Hampshire Limited Liability Company registered to transact business in New Hampshire on February 15, 2006. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 552308



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 4th day of April A.D. 2017.

William M. Gardner

Secretary of State