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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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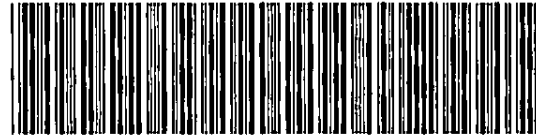
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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ST. JAMES COUNTY, FLORIDA
TALLAHASSEE, FLORIDA

K SALY

DEC 13 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **OD Security North America LLC**

Name of Limited Liability Company

The enclosed "Application by Foreign 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:

JOHN SHANNON

Name of Person

OD Security North America LLC

Firm/Company

416 ISLAND PARK DRIVE

Address

DANIEL ISLAND SC 29492

City/State and Zip Code

john.shannon@ODSecurityNA.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN SHANNON

Name of Contact Person

at (979)

Area Code

777-1331

Daytime 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

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. OD Security North America 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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Texas

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 46-1458754

(FEI number, if applicable)

4. 2/A

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 501 GRAHAM ROAD

(Street Address of Principal Office)

COLLEGE STATION

TEXAS 77845

6. 416 ISLAND PARK DRIVE

(Mailing Address)

DANIEL ISLAND

SOUTH CAROLINA 29592

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Registered Agents Inc.

Office Address: 3030 N. Rocky Point Dr. STE 150A

Tampa

(City)

Florida 33607

(Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Bee Hume

(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

Officer

JOHN SHANNON

Officer

416 ISLAND PARK DRIVE
DANIEL ISLAND SC 29592

Officer

Officer

(Use attachments if necessary)

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0903 (1) (b), Florida Statutes. 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.

Signature of an authorized person

JOHN SHANNON

Typed or printed name of signee

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18 DEC -3 AM 2:54
TAMPA, FLORIDA



Office of the Secretary of State

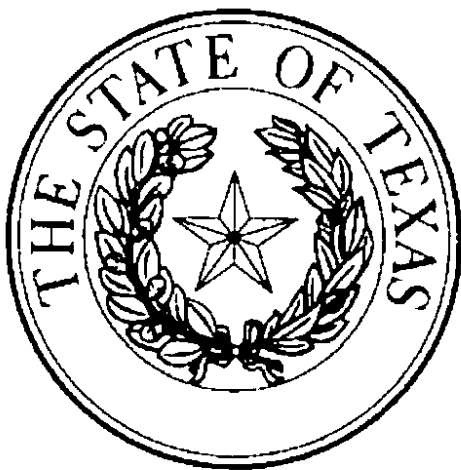
Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for OD Security North America LLC (file number 801685447), a Domestic Limited Liability Company (LLC), was filed in this office on November 16, 2012.

It is further certified that the entity status in Texas is in existence.

FILED
18 DEC -3 AM 2:54
TALLAHASSEE, FLORIDA

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on November 27, 2018.



A handwritten signature in black ink, appearing to read "R. Pablos", with a stylized flourish at the end.

Rolando B. Pablos
Secretary of State