

12/26/2018

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Division of Corporations

22023 3 From: [redacted] [redacted] [redacted]

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Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
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Foreign Limited Liability Company  
DIAMOND TOUCH SECURITY, LLC

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# 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. DIAMOND TOUCH SECURITY, LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name is available, 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. NY

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

3. 47-4175274

(FEI number, if applicable)

4. Upon filing

(Date first transacted business in Florida or when first required to file)

(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 3 COLUMBUS CIRCLE 15TH FLOOR

(Street Address of Principal Office)

NEW YORK, NEW YORK, 10019

6. 3 COLUMBUS CIRCLE 15TH FLOOR

(Mailing Address)

NEW YORK, NEW YORK, 10019

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida 33324

(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.

By: C T Corporation System

(Registered agent's signature)

**Peter Trawinski**  
Assistant Secretary

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

Manager

Brandon Voller

3 Columbus Circle, 15th Floor  
New York, NY 10025

Title or Capacity:

Manager

Angela Rampersad

3 Columbus Circle, 15th Floor  
New York, NY 10025

(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 605.0203 (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.

Brandon Voller

Brandon Voller

Manager

(Type or print name and title)

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# State of New York Department of State } ss:

I hereby certify, that DIAMOND TOUCH SECURITY, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 04/24/2015, and that the Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:

A Biennial Statement was filed 11/27/2017.

I further certify, that no other documents have been filed by such Limited Liability Company.



\*\*\*

Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 24th day of December  
two thousand and eighteen.

Whitney Clark  
Deputy Secretary of State

201812260019 \* SX

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