

7/26/24, 3:06 PM

Division of Corporations

Florida Department of State

Division of Corporations

Second Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (614)280-3338

Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: jlabbossiere@alarm.com

Foreign Limited Liability Company

Smart Coverage LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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DIVISION OF CORPORATIONS

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Help

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.092, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED FOR REGISTRATION A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. SMART COVERAGE LLC

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

(Please print name of the state or other jurisdiction in which the foreign limited liability company is organized. The abbreviation "incorporated" may be used for "incorporated" and "limited liability company" may be used for "limited liability company.")

2. Delaware 33-2655349

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

(Tax ID number, if applicable)

4. (Have first transacted business in Florida or first to registration)
(See sections 605.092 & 605.095, F.S., to determine penalty liability)

5. 8281 Greensboro Drive, Suite 100

(Street address of Principal Office)

6. 8281 Greensboro Drive, Suite 100

(Mailing Address)

McLean, VA 22102

McLean, VA 22102

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

Name C.T. Corporation System

Office Address: 1201 South Pine Island Road

Plantation 33324

(City)

Florida

(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.

C.T. Corporation System

By: [Signature]

(Registered agent's signature)

(Printed name of registered agent, if different from above)

2024 JUL 25 PM 11:54

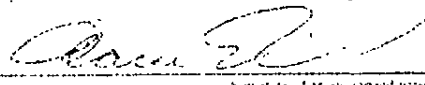
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☐ Manager	Name: <u>Alarm.com Incorporated</u>	☒ Manager	Name: <u>Aaron Edelman</u>
☐ Member	Address: <u>8281 Greensboro Dr, Ste 100</u>	☐ Member	Address: <u>8281 Greensboro Dr, Ste 100</u>
☐ Authorized	<u>McLean, VA 22102</u>	☐ Authorized	<u>McLean, VA 22102</u>
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name: _____	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	_____	☐ Authorized	_____
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name: _____	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	_____	☐ Authorized	_____
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____

Important Note: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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 605.020(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 authorized person

Aaron Edelman

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "SMART COVERAGE 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 TWENTY-SIXTH DAY OF JULY, A.D. 2024.

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



7319202 8300

SR# 20243243719

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 204020069

Date: 07-26-24