# m97000000 708.

#### TRANSMITTAL LETTER

Qualification/Tax Lien Section

TO:

Division of Corporations	/				
SUBJECT: Security Collection - mi	ust include suffix)	<u>c</u>			
Dear Sir or Madam:					
The enclosed "Application by Foreign Corporation of Florida", "Certificate of Existence", and check are so foreign corporation to transact business in Florida.	for Authorization to Transmitted to register the	insact Business in above referenced			
Please return all correspondence concerning this ma	tter to the following:				
Solid   Soli					
Should you need to call someone concerning this m	atter, please call:				
(Name of Person)	at (60) (Area Code & Da	ytime Telephone Numb W97 - 1450 Name Availability	1		
COURIER ADDRESS:	MAILING ADDRES	Spocument Examiner	KWM		
Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St	Qualification/Tax Lie Division of Corporation P. O. Box 6327	ì	KWM		
Tallahassee, FL 32399	Tallahassee, FL 3231	Uorlater Verfyer	KWM		
			KO, M		
179700000	708	M. P. Schlyer	KVVM		

## **Security Check**

The Leader in Check Protection

P.O. Box 1211 2612-C Jackson Ave. W. Oxford, MS 38655 601-234-0440 1-800-634-4484 FAX 601-281-8400

Florida Secretary of State Div. of Corp. P.O. Box 6327 Tallahassee, Fl. 32314

Enlclosed is our certificate of existence. Please call if you have any questions.

Thank you,
John Lewis

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### **Security Check**

The Leader in Check Protection

601-234-0440 1-800-634-4484

FAX 601-281-8400

P.O. Box 1211 2612-C Jackson Ave. W. Oxford, MS 38655

October 22, 1997

Division of Corporation Kenny Manning P.O. Box 6327 Tallahassee, FL 32314

Dear Kenny:

Per our conversation, your request for a certificate of existance and a manager's name and address are both enclosed.

The manager's information for you to include for this office is as follows:

Morris Ewing 1950 N. Park Place, Ste. 125 Atlanta, GA 30339 (770) 541-1177 (770) 541-1120 fax

If you have any questions or need additional information, please call me.

Sincerely,

John H. Lewis

JHL/slk

## **Security Check**

The Leader in Check Protection



P.O. Box 1211 2612-C Jackson Ave. W. Oxford, MS 38655 601-234-0440 1-800-634-4484 FAX 601-281-8400

Florida Division of Corps. P.O. Box 6327 Tallahassee, Fl. 32314

Enclosed is the matching certificate of existence. Please call if you have any questions.

Thank you,

John Lewis



#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

July 8, 1997

JOHN H. LEWIS P. O. BOX 1211 OXFORD, MS 38655

SUBJECT: SECURITY COLLECTIONS, L.L.C.

Ref. Number: W97000014506

We have received your document for SECURITY COLLECTIONS, L.L.C. and your check(s) totaling \$293.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6967.

Kenny Manning Corporate Specialist

Letter Number: 897A00035234



#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

June 20, 1997

JOHN H. LEWIS P. O. BOX 1211 OXFORD, MS 38655

SUBJECT: SECURITY COLLECTIONS, L.L.C. Ref. Number: W97000014506

We have received your document for SECURITY COLLECTIONS, L.L.C. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6967.

Kenny Manning Corporate Specialist

Letter Number: 497A00033070



#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

October 8, 1997

JOHN LEWIS SECURITY CHECK P.O. BOX 1211 OXFORD, MS 38655

SUBJECT: SECURITY CHECK, LLC Ref. Number: W97000022977

We have received your document for SECURITY CHECK, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$285.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

We received your letter and the certificate of existence for your limited liability company. However, we need for you to complete the attached application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6913.

Diane Cushing Corporate Specialist

Letter Number: 197A00049292

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Name & Title	John Lewis, member	427-53-8577
Business Address	2612-C Jackson Ave. W., Oxford, MS 38655	
Residence Address	415 Timber Lane, Oxford, MS 38655	
Business Tel. No.	601-234-0440	Residence Tel. No. 601-234-5719
Name & Title	William Alias, III, member	258 33-0683
Business Address	2612-C Jackson Ave. W., Oxford, MS 38655	_
Residence Address	415 Timber Lane, Oxford, MS 38655	
Business Tel. No.	601-234-0440	Residence Tel. No. 601-234-5719
Name & Title	William Alias, Jr., member	426.82-0338
Business Address	2612-C Jackson Ave. W., Oxford, MS 38655	To Part of Par
Residence Address	133 Hwy. 334, Oxford, MS 38655	- 1410 -
Business Tel. No.	601-234-0440	Residence Tel. No. 601-281-5806 Residence Tel. No. 601-281-5806
		SHOIT SHOP

## AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of a member of $\frac{5}{(cc)}$	Challet.C.
deposes and says:	
1) the above named limited liability company has at least two members	
2) the total amount of cash contributed by the member(s) is	8 <u>2,500</u>
3) if any, the agreed value of property other than cash contributed by member(s) is A description of the property is attached and made a part hereto.	8 <del>9</del> 3'40
4) the amount of cash or property anticipated to be contributed by member(s) is This total includes amounts from 2 and 3 above.	\$ 27,500
5) the total amount of cash or property anticipated to be contributed by member(s) is	\$ 7.756 GRAN
	OF STATE DRFORATION P.1 1: 04
Signature of a member or authorized representative of a member (In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts	er.

Filing Fee: \$250.00 for Application and Affidavit

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

Secrity Check LLC	
2. The name and address of the registered agent and office are:	
(Name)  (Name)  (Name)  (P.O. Box or Mail Drop Box NOT ACCEPTABLE)  (City/State/Zip)	Y ÖF :

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

7-2-< 7
(Signature) (Date)

Filing Fee: \$ 35 for Designation of Registered Agent

#### ACCEPTANCE OF APPOINTMENT

RE: SECURITY CHECK

., L.L.C.

Pursuant to Sections 48.091 and 607.0501, Florida Statutes, the undersigned acknowledges and accepts its appointment as registered agent of the above limited liability company and agrees to act in the capacity and to comply with the provisions of the Florida Business Corporation Act (1990) relative to keeping open the registered office at the address specified above. The undersigned is familiar with, and accepts the obligations of, Section 607.0505, Florida Statutes.

Dated: May 5, 1997

C T CORPORATION SYSTEMS

Jonathan L. Miles, Assistant Secretary

# State of Mississippi

### Secretary of State's Office Eric Clark

Secretary of State Jackson, Mississippi

#### CERTIFICATE

I, ERIC CLARK, Secretary of State of the State of Mississippi, and as such the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify that:

SECURITY CHECK, LLC Formed July 21,1995

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

1221 MADISON AVE PO BOX 1296 OXFORD MS 38655

and that the registered agent at that address is:

#### RICHARD DEVOE

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

Given under my hand and seal of office October 02,1997

Eric Clark

ERIC CLARK, Secretary of State

