m97000000708

Qualification/Tax Lien Section

TRANSMITTAL LETTER

	Division of Corporations		
•	SUBJECT: Security Collection (Name of corporation - must include suffix)	<u>c</u>	ne.
	Dear Sir or Madam:		
	The enclosed "Application by Foreign Corporation for Authorization to Trafficial", "Certificate of Existence", and check are submitted to register the foreign corporation to transact business in Florida.	ansact Business in above referenced	
	Please return all correspondence concerning this matter to the following:	and and a sum of the s	
	50000223 # m	102820 -01100001 75 ++++293.75 5	STORETAN GIALDION OF
٠	(Firm/Company)	<u> </u>	
آيو راح	Scc-rity-(-11cc7,22 (Firm/Company) P.D. Box 12-1		Si TE
ئي ج	(constant)	•	- 2
	Oxford (-5. >9655 (City/State/Zip)		
	50	00022160 1006/18/97)45 079009 ******78.75
	Should you need to call someone concerning this matter, please call:		
	(Name of Person) At (601) (Area Code & De	334-044	' O
	(Name of Person) (Area Code & De	iytime Telephone Numb ルタフー 1450	er))
		Name Availability) M
	COURIER ADDRESS: MAILING ADDRES	Spocument Examiner	KWM
	Qualification/Tax Lien Sec. Division of Corporations Qualification/Tax Lie Division of Corporations	a Section Updater	KWM
	409 E. Gaines St Tallahassee, FL 32399 Tallahassee, FL 32399 Tallahassee, FL 32399	Undater	KWM
		gt to at the	KWM
	1,0000000,000	V. A. verilyer	KWM

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

> 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

LL658 0000LE

PS. plans with the owners address & titles

pl three listed are merber of the LL.C

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,

October Comme

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 filling year, that a foreign corporation or limited liability company transaction this state without purposed to the office. 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, LI.C

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

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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 of foreign limited liability company must end with the words "limited company" or their abbreviso contained in the name at present.)	iation "L.C." if not
2) ble)
4. 5-1, 31-95. 3. 3. 3. (Duration: Year limited liability comp	nany will ease to
exist or "perpetual") (Date first transacted business in Florida. (See Sections 608.501, 608.502, and 817.155, F	•
7. 2612-C JACKSUS AVE	
Oxford, co 37655 (Street address of principal office)	STAN ASION 7 OCT
8) List name, title, and business address of each managing member[MGRM] or manager[M will manage the foreign limited liability company in Florida: (attach additional page if no NAME & ADDRESS: NAME & ADDRESS: NAME & ADDRESS: NAME & ADDRESS:	GR]whop CROSSING CONTROL CONTR
No office will be opened in Florila we are soliticing accounts tollecting is moseissippi	
" (ollecting in mississippi	·
	at Value

Name & Title	John Lewis, member	-417-53-8577
Business Address	2612-C Jackson Ave. W., Oxford, MS 38855	
Residence Address	415 Timber Lane, Oxford, MS 38655	and the second s
Business Tel. No.	801-234-0440	Residence Tel. No. 601-234-5719
•		
Name & Title	William Alias, III, member	258.33-0683
Business Address	2812-C Jackson Ave. W., Oxford, MS 38655	
Residence Address	415 Timber Lane, Oxford, MS 38855	A. A
Business Tel. No.	801-234-0440	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	46000
Residence Address	133 Hwy. 334, Oxford, MS 38655	E COR
Business Tel. No.	601-234-0440	Residence Tel. No. 601-281-5806 \$\frac{\text{Residence}}{275}
		D4 D1

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of a member of $\frac{1}{2}$. Chalille.
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	<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.	593,000
(4) the amount of cash or property anticipated to be contributed by member(s) is This total includes amounts from 2 and 3 above.	527,500
5) the total amount of cash or property anticipated to be contributed by member(s) is	\$ 7 Ft. 657
	STATE OF STATE REPRATION
Signature of a member or authorized representative of a memb (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 stated herein are true.)	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.

1. The name of the	he Limited Lia	bility Comp	any is:	
/ _	curity (1 1.	11/	-
<u> </u>	curity (Leck	<u>ucc</u>	

2. The name and address of the registered agent and office are:

CT Corp.	ഗ	<u> </u>
(Name)	3	3767
1200 SP: - I-1200	(CT)	- 2; - 2; - 2;
	83	25. 25.
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)	2	SEC 유유
Plantation PL 33324	1: 01	STATIONS
(City/State/Zip)	-	रंडे

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.

7-2-57
(Signature) (Date)

Filing Fee: \$ 35 for Designation of Registered Agent

ACCEPTANCE OF APPOINTMENT

SECURITY CHECK RE:

' ., 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 SYS . EM-

Jonathán 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