State of Rhode Island Department of State - Business Services D	Division		
Application for Registration FOREIGN Limited Liability Company → Filing Fee \$150.00		RI DEPEN	
Pursuant to the provisions of RIGL <u>7-16-49</u> , the undersigned fo applies for a Certificate of Registration to transact business in t purpose submits the following statement:	•		
1. The name of the limited liability company is:		دي. 	
Securadyne Systems Intermediate LLC			
Is this company organized in its state or country of formation a	as a low-profit limited liability co	ompany? Yes 🗌 No 🗙	
The name, if different, under which it proposes to register and	transact business in Rhode Isl	and is:	
2. The LLC is organized under the laws of: Delaware			
3. The date of its organization is: 1/18/2012			
And the period of its duration is: CHECK ONE BOX ONLY			
Perpetual (on-going)			
Date certain for dissolution			
4. The name and address of the resident agent/office in Rhod	e Island is		
Agent Name			
C T Corporation System			
Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkw	ray, Suite 7A		
City/Town East Providence	State RHODE ISLAND	Zip Code 02914	
5. The purpose or purposes which it proposes to pursue in the	e transaction of business in Rhi	ode Island are	
Develop, maintain and operate integrated security systems.			
		_	
·	Check the bo	x to indicate an attachment	
MAIL TO:	FILED	STAMP	
Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615	SEP 2 3 2020	····	
Phone: (401) 222-3040		10 (n. 12) Afrika (n. 1443) 10 (12) Million (n. 1473)	
Website: www.sos.ri.gov	KL EPWI 1:03	R	
	1.05	FORM 450 - Revised 08/2020	

6. The RI Department of State is appointed the agent of the foreign limited liability company for service of process if, at any time, there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.

7. The address of the office required to be maintained in the state or country of its organization by the laws of that state or, if not so required, of the principal office of the foreign limited liability company is: 3440 Sojourn Dr., Suite 220, Carrollton, TX 75006

8. The mailing address for the limited liability company is:

161 Washington Street. Suite 600, Conshohocken, PA 19428

9. Management of the Limited Liability Company:

The Limited Liability Company is to be managed by: CHECK ONLY ONE BOX

By its members (If you have checked this box, go to Section 9. (DO NOT fill out the chart below.)

By one (1) or more managers (List managers below)

MANAGER	ADDRESS		
10. This application must be accompanied formation dated within 60 days of the date	by a <u>Certificate of Good Standing/Letter of Status</u> of filing.	from the state or country of	
11. Date when this application for Certific	ate of Registration will be effective: CHECK ONE B	OX ONLY	
X Date received (Upon filing)			
	o more than 90 days from the date of filing)		
Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.			
Type or Print Name of LLC		Date	
Securadyne Systems Intermediate		9/15/2020	
Signature of Authorized Person	Buckman, Secretary of Securadyne Systems Hold	ings, LLC, its Member	

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SECURADYNE SYSTEMS INTERMEDIATE 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-SECOND DAY OF SEPTEMBER, A.D. 2020.

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



Authentication: 203710216 Date: 09-22-20

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5097056 8300 SR# 20207417689

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

State of Rhode Island Department of State | Office of the Secretary of State Nellie M. Gorbea, Secretary of State

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,

hereby certify that this document, duly executed in accordance with the provisions

of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

September 23, 2020 01:03 PM

Tulli U. Hole

Nellie M. Gorbea Secretary of State

