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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

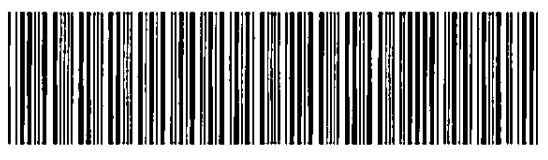
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2024 MAR 25 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 15, 2024

MICHAEL BREINDEL
23679 CALABASAS ROAD, SUITE 1103
CALABASAS, CA 91302 US

SUBJECT: NETWORK SECURITY CONSULTANTS, LLC
Ref. Number: W24000025750

We have received your document for NETWORK SECURITY CONSULTANTS, LLC and check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The money in your account is insufficient to cover the cost of filing this document. Please send additional money to cover this particular filing and other filings you wish to process.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Ariel Jones
Regulatory Specialist II

Letter Number: 524A00003394

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Network Security Consultants, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Michael Breindel

Name of Person

Network Security Consultants, LLC

Firm/Company

23679 Calabasas Road, Suite 1103

Address

Calabasas/ CA 91302

City/State and Zip Code

mbreindel@networksecurityllc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Breindel

800 846-0116, x101
at ()

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

\$125.00 Filing Fee

\$130.00 Filing Fee &
Certificate of Status

\$155.00 Filing Fee &
Certified Copy

\$160.00 Filing Fee, Certificate
of Status & Certified Copy

RECEIVED

JAN 25 2024

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

(If name unavailable, 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. California
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 82-4827196
(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 3639 Calle Joaquin
(Street Address of Principal Office)

6. 23679 Calabasas Road, Suite 1103
(Mailing Address)

Calabasas, CA 91302

Calabasas, CA 91302

FILED
2024 MAR 25 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FL

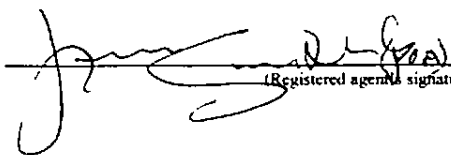
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: JERMAINE SMITH

Office Address: 525 OAK BRANCH CIRCLE

KISSIMMEE, Florida 34758
(City) (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.


(Registered agent's signature)

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]:

Title or Capacity: **Name and Address:**
 Manager Name: Michael Breindel
 Member Address: 23679 Calabasas Road,
 Authorized Suite 1103
Person Calabasas, CA 91302
 Other _____ Other _____

Title or Capacity: **Name and Address:**
 Manager Name: Accounting Department
 Member Address: 23679 Calabasas Road,
 Authorized Suite 1103
Person Calabasas, CA 91302
 Other _____ Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
Person _____
 Other _____ Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
Person _____
 Other _____ Other _____

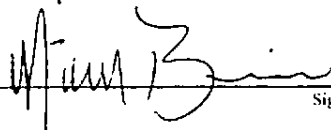
Manager Name: _____
 Member Address: _____
 Authorized _____
Person _____
 Other _____ Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
Person _____
 Other _____ Other _____

Important Notice: 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 605.0203 (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.



Signature of an authorized person

Michael Breindel

Typed or printed name of signer



Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name: NETWORK SECURITY CONSULTANTS, LLC
Entity No.: 201807310134
Registration Date: 02/28/2018
Entity Type: Limited Liability Company - CA
Formed In: CALIFORNIA
Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of January 08, 2024.

SHIRLEY N. WEBER, PH.D.
Secretary of State

Certificate No.: 171603420

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at bizfileOnline.sos.ca.gov.