



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 29, 2024

EON JOSEPH
915 BENNETS MILLS ROAD, SUITE 1268
JACKSON, NJ 08527 US

SUBJECT: PRISM NETWORK SOLUTIONS, LLC
Ref. Number: W24000034074

We have received your document for PRISM NETWORK SOLUTIONS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers listed.

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) 245-6051.

Andrea Andrews
Regulatory Specialist II

RECEIVED Letter Number: 924A00004521

APR 08 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PRISM NETWORK SOLUTIONS, 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:

EON JOSEPH
Name of Person

PRISM NETWORK SOLUTIONS, LLC
Firm/Company

915 BENNETS MILLS ROAD, SUITE 1268
Address

JACKSON, NJ 08527
City/State and Zip Code

conj1@prismnetworksolutions.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARGARET ROMEO at (404) 381-2221
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

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. PRISM NETWORK SOLUTIONS, 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. NEW JERSEY
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

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

5. 915 BENNETS MILLS ROAD (Street Address of Principal Office)	6. 915 BENNETTS MILLS ROAD (Mailing Address)
SUITE 1268	SUITE 1268
JACKSON, NY 08527	JACKSON, NY 08527

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

Name: RALPH JOHNSON

Office Address: 11281 NW 40th STREET

CORAL SPRINGS, Florida 33065
(City) (Zip code)

6/24 APR - 8 PM 4:41

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)

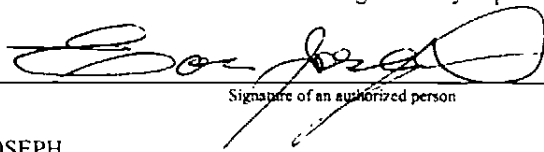
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>EON JOSEPH, CEO</u>	<input checked="" type="checkbox"/> Manager	Name: <u>RALPH JOHNSON, SVP</u>
<input type="checkbox"/> Member	Address: <u>69 PICCADILLY DRIVE</u>	<input type="checkbox"/> Member	Address: <u>11281 NW 40th STREET</u>
<input checked="" type="checkbox"/> Authorized	<u>JACKSON, NJ 08527</u>	<input type="checkbox"/> Authorized	<u>CORAL SPRINGS, FL 33065</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>MARGARET ROMEO, VP</u>	<input checked="" type="checkbox"/> Manager	Name: <u>TIFFANY A ZEBROWSKI, VP</u>
<input type="checkbox"/> Member	Address: <u>1526 JEFFREY WAY</u>	<input type="checkbox"/> Member	Address: <u>870 PATTERSON, ROAD</u>
<input type="checkbox"/> Authorized	<u>WINDER, GA 30680</u>	<input type="checkbox"/> Authorized	<u>JACKSON, NJ 08527</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: _____	<input checked="" type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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
 EON JOSEPH

 Typed or printed name of signer

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

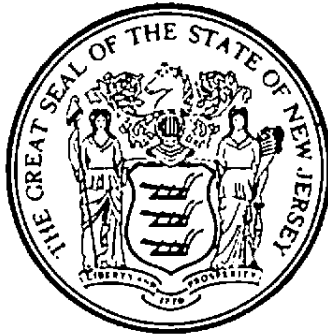
**PRISM NETWORK SOLUTIONS LLC
0450178211**

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on June 21, 2017.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey. Annual Reports are outstanding for the following year(s): 2023

I further certify that the registered agent and office are:

*DONNA DAVID
71 SYLVAN ST
RUTHERFORD, NJ 07070*



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
8th day of February, 2024*

*Elizabeth Maher Muoio
State Treasurer*

Certificate Number : 6150665465

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp