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APROYEL AND FILED

K. Bumples



COVER LETTER

_	stration Section sion of Corporations				
SUBJECT:	Cyber Security Solutions, In	c., a Delaware corp	poration		
	Name	of corporation - r	nust include suffix		
Dear Sir or N	ładam:				
"Certificate o	"Application by Foreign Co of Existence," or "Certificate need foreign corporation to t	of Good Standin	ig" and check are subn		
Please return	all correspondence concern	ing this matter to	the following:		
David Anthon	y Wilson				
	<u> </u>	Name of Per	rson		
Law Offices o	of David A. Wilson				
		Firm/Compa	ny		
201 Sw 2nd S	i				
		Address			
Ocala, Florida	34471				
		City/State and			
david@dwilso			<u> </u>		
	E-mail addres.	s: (to be used for	future annual report no	otification)	
For further in	formation concerning this n	natter, please call	:		
David A. Wils	son	352	629-4466		
Nam	ne of Person	Area Code	Daytime Teleph	one Number	
Regis Divis The C 2415	STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Se Division of Co P.O. Box 6327	MAHLING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a Please make et □ \$70.00 Fil	check for the following americal payable to: PLORIDA Ding Fee	EPARTMENT OF	F STATE 78.75 Filing Fee & 'ertified Copy	S87.50 Filing Fee. Certificate of Status & Certified Copy	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Cyber Security	Solutions, Inc.			
	orporation; must include "INCORPORATED," "(orp.," "Inc.," "Co.," or "Corp.")	COMPANY," "CORPORATION,"		
	able in Florida, enter alternate corporate name ado	pied for the purpose of transacting	business in Florida)	
2. Delaware	3			
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)		
February 22, 20	22			
(Date	of incorporation)	(Date of duration, if other than perpetual)		
,),				
	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502)	
2502 N. Rocky P	oint Drive, Suite 820, Tampa, FL 33607			
*	(Principal office	street address)	· ······	
			. 26	
	(Current mailing a	ddress, if different)	2022 DEC	
). 	
3. Name and stree	et address of Florida registered agent: (P.O. F	Box NOT acceptable)	28	
Name:	David A. Wilson, Esq.		PM	
ASHAR.	201 SW 201 Strang Suito 101		<u>ာ</u> သည်။ ယူ	
Office Address:	201 SW 2nd Street, Suite 101		்…் ப	
	Ocala	Florida 34471	· ພ	
	(City)	(Zip code)		

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS	"					
□ Chairman	Name: Horacio Maysonet	■ Chairman	Name: John Blenke			
□Vice Chairman	Address: 2502 N. Rocky Point Drive	TVice Chairman	Address: 2502 N. Rocky Point Drive			
Tip Director	Suite 820	□Director	Suite 820			
□President	Tampa, FL 33607	CJPresident	Tampa, FL 33607			
□Vice President		□Vice President				
□Secretary	. Treasurer	□ Secretary	☐Treasurer			
□Other	Other	□Other	Other			
□Chairman □Vice Chairman ■Director	Name: Zachary Hodges Name: 2502 N. Rocky Point Drive Address: Suite 820	□Chairman □Vice Chairman ⊕Director	Thomas Williams Name: 2502 N. Rocky Point Drive Address: Suite 820			
□President	Tampa. FL 33607	□President				
□Vice President		□Vice President				
□Secretary	□ Treasurer	□Secretary	Treasurer			
Other	C Other	□Other	Other			
	Name:		NameAddress:			
□Director		Director				
□ President		□ President				
Nice President Secretary		□Vice President				
□Other	□Treasurer □Other	☐Secretary				
The officer or dire she is aware that fits.817,155, F.S.	Use an attachment to report more than six (6). The attact added to the index when filing your Florida Department of Director of Signature of Director of ctor signing this document (and who is listed in numberalse information submitted in a document to the Depart	nt of State Annual Re VL (TOfficer r (1 above) affirms the ment of State constitute.	nat the facts stated herein are true and that he or ites a third degree felony as provided for in			
(Typed or printed name and capacity of person signing application)						



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT "CYBER SECURITY SOLUTIONS, INC."

IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS

IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING

BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE

SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE TWENTY-SECOND DAY OF FEBRUARY, A.D. 2022, AT 8:07 O'CLOCK P.M.

CERTIFICATE OF MERGER, FILED THE TWENTY-FOURTH DAY OF MARCH,
A.D. 2022, AT 1:45 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE

AFORESAID CORPORATION, "CYBER SECURITY SOLUTIONS, INC.".

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

AND CONTRACTOR OF THE PARTY OF

Authentication: 204523915

Date: 09-30-22