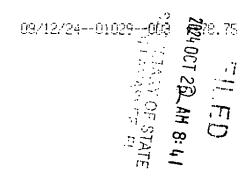
# Fa400005605

(Requestor's Name)						
(Address)						
` ,						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
Special managements to 1 ming ember.						





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:<u>:</u>

T. LEMIEUX OCT 218 2024

## **COVER LETTER**

TO:	Registration Sect Division of Corpo					
SUBJ	ECT: Network Di	gital Security, Inc.				
5015	<u> </u>	Name of corporatio	n - must include suffix			
Dear S	ir or Madam:					
"Certif	ficate of Existence.	n by Foreign Corporation for " or "Certificate of Good Sta corporation to transact busin	nding" and check are sub			
Please	return all correspo	ndence concerning this matte	er to the following:			
Jim Fir	iger					
		Name of	Person	· · · · · ·		
Networ	k Digital Security, In	nc.				
		Firm/Cor	npany			
15956	Cranes Marsh Court					
		Addı	ress			
Bahçoc	k Runch, FL 33982					
		City/State	and Zip code	··		
jfinger	🗓 networkdigitalsecu	•				
		E-mail address: (to be used	for future annual report i	notification)		
For fur	ther information co	oncerning this matter, please	call:			
Jim Fir	oger	at (	524-2232			
	Name of Person	Area Coo	de Daytime Telep	hone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			Registration S Division of Co P.O. Box 632	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Please i	make check payable	e following amount: to: FLORIDA DEPARTMEN  S78.75 Filing Fee &  Certificate of Status	T OF STATE  ☐ \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy		



September 19, 2024

JIM FINGER 15956 CRANES MARCH CT BABROCK RANCH. FL 33982

SUBJECT: NETWORK DIGITAL SECURITY, INC.

Ref. Number: W24000132142

We have received your document for NETWORK DIGITAL SECURITY, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized. must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Tracy L Lemieux Regulatory Specialist !!

RECEIVED

Letter Number: 824A00021120

OCT 2 2 2024

## 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.

(If name unavaila	ble in Florida, enter alternate corporate name ado	pted for the purpose of transacting	business in Florida)	
Charmin				
Georgia 3. 41-2117164  (State or country under the law of which it is incorporated) (FEI number, if applicable)			licable)	
06/06/2003	5			
(Date	of incorporation)	(Date of duration, if other than perpetual)		
	(Date first transacted business in Fl	orida if prior to registration)		
	(SEE SECTIONS 607.1501 & 607.1502.	F.S., to determine penalty liability	y)	
680 Michigan A	venue, Suite 700 #1006, Miami Beach, FL 33139			
	(Principal office	street address)		
	(Current mailing a	ddress, if different)		
	a a lide a superficient la maniera mai accompte (D.O. K	har MCYT againtable)	∅ 2	
<b>*</b> t	t address of Florida registered agent: (P.O. E	wyr acceptance	024	
Name and street	tine time.		- 5 8	
Name and street	Jim Finger	<del>_</del>	,	
Name:	Jim Finger 15956 Cranes Marsh Court	_	128	
Name:	15956 Cranes Marsh Court		1 28. AM	
Name:	15956 Cranes Marsh Court	Florida 33982	128 AM 8:	
Name: fice Address:	15956 Cranes Marsh Court Babcock Ranch	Florida 33982(Zip code)	2024 OCT 28 AM 8: 41	
-	15956 Cranes Marsh Court Babcock Ranch	Florida 33982	1.28. AM	

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								
<b>■</b> Chairman	Jim Finger Name:	□Chairman	Name:					
■ Vice Chairman	Address:	□Vice Chairman	Address:					
■Director	Suite 700 #1006		<del>~~</del>					
President	Miami Beach, FL 33139	□President						
■ Vice President		□Vice President						
■ Secretary	■Treasurer	□Secretary		□Treasurer				
□Other	Other	□Other		□ Other				
□Chairman	Name:	□ Chairman	Name:					
		□Vice Chairman						
	Address:							
□Director		□Director	<del></del> -					
□President		□President						
□Vice President		□Vice President						
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer				
□Other	□Other	□Other		□Other				
□Chairman	Name:	□Chairman	Name:					
□ Vice Chairman	Address:	□Vice Chairman	Address:					
□Director		□Director						
□President		□President						
□Vice President		□Vice President						
□ Secretary	☐ Treasurer	☐ Secretary		☐Treasurer				
□Other	□Other	□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.  12.  Signature of Director or Officer								
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.  13								
(Typed or printed name and capacity of person signing application)								

Control Number: 0332475

## STATE OF GEORGIA

### Secretary of State

**Corporations Division** 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

#### CERTIFICATE OF EXISTENCE

1, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

#### NETWORK DIGITAL SECURITY, INC.

a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

> Docket Number : 27859814 Date Inc/Auth/Filed: 06/06/2003 Jurisdiction : Georgia Print Date : 09/05/2024

Form Number : 211



Brad Raffensperger

Brad Raffensperger Secretary of State