

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L19000260537
FILED 8:00 AM
October 16, 2019
Sec. Of State
mdsellers

Article I

The name of the Limited Liability Company is:
NETWORK MONITORING SOLUTIONS LLC

Article II

The street address of the principal office of the Limited Liability Company is:
2519 MCMULLEN BOOTH RD
STE 510-4
CLEARWATER, FL. US 33761

The mailing address of the Limited Liability Company is:
2519 MCMULLEN BOOTH RD
STE 510-4
CLEARWATER, FL. US 33761

Article III

The name and Florida street address of the registered agent is:
TYLER DUNCAN
2519 MCMULLEN BOOTH RD
STE 510-4
CLEARWATER, FL. 33761

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 certificate, 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 relating 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 Signature: TYLER D DUNCAN

Article IV

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The name and address of person(s) authorized to manage LLC:

Title: MGR
TYLER DUNCAN
2519 MCMULLEN BOOTH RD, STE 510-4
CLEARWATER, FL. 33761 US

Title: MGR
KALE KUDLACEK
2519 MCMULLEN BOOTH RD, STE 510-4
CLEARWATER, FL. 33761 US

Title: MGR
AUSTIN WASILEWSKI
2519 MCMULLEN BOOTH RD, STE 510-4
CLEARWATER, FL. 33761 US

Signature of member or an authorized representative

Electronic Signature: TYLER DUNCAN

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.