

**C22000430002**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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## To:

Division of Corporations  
Fax Number : (850)617-6381

## From:

Account Name : ARIMIR SERVICES GROUP LLC  
Account Number : I20200000022  
Phone : (305)298-6579  
Fax Number : (305)643-5225

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: JOSHUA.TESADA@SERVIUSACORP.COM

**FLORIDA LIMITED LIABILITY CO.**  
**NETSEC LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

2022 OCT -5 AM 8:55

22 OCT -5 PM 12:35  
TALLAHASSEE, FLORIDA

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OCT/05/2022/WED 07:46 AM Arimir Services  
3503376600

FAX No. 305-643-5225

P. 001  
P. 01/01

## TRANSACTION REPORT

SEP/30/2022/FRI 11:25 AM

FAX(TX)

#	DATE	START T.	RECEIVER	COM. TIME	PAGE	TYPE/NOTE	FILE
001	SEP/30	11:24AM	8506176381	0:01:29	3	MEMORY OK	ZCM 5575

### Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : ARIMIR SERVICES GROUP LLC  
Account Number : 12020000022  
Phone : (305)298-6579  
Fax Number : (305)643-5225

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: JOSHUA.TESADA@SERVIUSACORP.COM

**FLORIDA LIMITED LIABILITY CO.  
NETSEC LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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22 OCT -5 PM 12:35  
TALLAHASSEE, FLORIDA  
CLERK OF THE CIRCUIT COURT

850-617-6381

10/3/2022 3:36:10 PM PAGE 1/001 Fax Server



October 3, 2022

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

ARIMIR SERVIVES GROUP LLC

SUBJECT: NETSEC LLC  
REF: W22000125120

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P20000041538(NETSEC, INC).

To make the necessary corrections and resubmit your filing, return to our website and access electronic filing, then online filing. Choose to update your request by using the confirmation number and the pin number listed above. For any questions concerning the website, please call 850-245-6939. Please disregard this letter, if you have contacted our office and were advised how to correct your document online.

If you have any further questions concerning your filing, please call (850) 245-6052.

Dil Sultana  
Regulatory Specialist II  
New Filings Section

FAX Aud. #: H22000336646  
Letter Number: 622A00022011

FILED  
PH 10:35  
OCT 05 2022  
FAX

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

NETSEC USA LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:501 EAST LAS OLAS BOULEVARD  
SUITE 300  
FORT LAUDERDALE, FL 33301Mailing Address:501 EAST LAS OLAS BOULEVARD  
SUITE 300  
FORT LAUDERDALE, FL 33301

## ARTICLE III - Registered Agent, Registered Office, &amp; Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

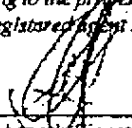
SERVI USA CORP

Name

210 NE 45TH STFlorida street address (P.O. Box NOT acceptable)

<u>OAKLAND PARK</u>	<u>FL</u>	<u>33334</u>
City	State	Zip

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 as provided for in Chapter 605, F.S.

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
22 OCT -5 PM 12:35  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

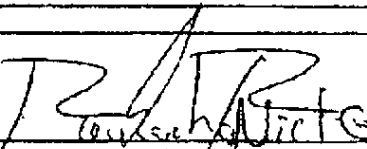
"MGR" = Manager

**Name and Address:**AMBRLORENA SALAZAR RIVERACRA 73BIS 63F-39ColombiaAMBRRAUL ANTONIO ROCHACRA 73BIS 63F-39ColombiaAMBRNETSEC SASCRA 73BIS 63F-39Colombia

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.**ARTICLE VI:** Other provisions, if any.**REQUIRED SIGNATURE:**

Signature of a member or an authorized representative of a member.

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.

RAUL ANTONIO ROCHA NIETO

Typed or printed name of signee

FALL 2022

22 OCT -5 PM 12:35

H22 000 3366 46 3

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

NETSEC LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:501 East Las Olas BoulevardSuite 300Fort Lauderdale, FL, 33301Mailing Address:501 East Las Olas BoulevardSuite 300Fort Lauderdale, FL, 33301

## ARTICLE III - Registered Agent, Registered Office, &amp; Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

SERVI USA CORP

Name

210 NE 45th StFlorida street address (P.O. Box NOT acceptable)Oakland ParkFlorida33334

City

State

Zip

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 as provided for in Chapter 605, F.S.

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED

22 OCT -5 PM 12:35

SECRETARY OF STATE  
FLORIDA

H220003366463

H220003366463

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

\*AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

AMBR

Lorena Salazar Rivera

CRA 73BIS 63F-39

## Columbia

AMBR

Raul Antonio Rocha

CRA 73BIS 63F-39

## Columbia

AMBR

NETSEC SAS

CRA 73BIS 63F-39

**Colombia**

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

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**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 695.0203 (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.

Ram. Antonio Rocha Nieto.

Typed or printed name of signee

See FLIND.

22 OCT -5 PM 12:35

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