

# L23000354051

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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TALLAHASSEE, FL

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COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: NETWORK PROTECTION SERVICES LLC.  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

REBECCA RUIZ

Name of Person

Impenal Protection Services

Firm/Company

4915 RATTLESNAKE HAMMOCK RD #247

Address

NAPIES FL 34113

City/State and Zip Code

REBECCA.B@NETWORKPROTECTIONSERVICES.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

REBECCA RUIZ

Name of Person

at ( 210 )

Area Code

347-2997

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☒ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NETWORK PROTECTION SERVICES 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:

Mailing Address:

4915 RAHIESNAKE HAMMOCK  
#847  
NAPLES FL 34113

SAME AS PRINCIPAL

ARTICLE III - Registered Agent, Registered Office, & 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:

REBECCA RUIZ  
Name

3705 MILANO LAKES CT #402

Florida street address (P.O. Box NOT acceptable)

NAPLES FL 34114  
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..

Re Ruiz

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

LUIS RUIZ  
3705 MILANO LAKES CT #402  
NAPLES FL 34110

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

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**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.

Rebecca R. Ruiz

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Rebecca Ruiz

4915 Rattlesnake Hammock #247

Naples, FL 34113

RebeccaB@networkprotectionservice.com

2103472997

07/01/2023

Florida Department of State

Division of Corporations

Corporate Filings

P.O. BOX 6327

Tallahassee FL, 32314

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2023 JUL -6 AM 9:28  
SECRETARY OF STATE  
TALLAHASSEE, FL

Subject: Application for Formation of Network Protection Services LLC

Dear Sir/Madam,

I am writing to formally request the formation of Network Protection Services LLC as a limited liability company under the laws and regulations of the State of Florida. Enclosed you will find the necessary documents and forms, along with the required filing fees, to initiate the registration process.

As the founder and managing member of Network Protection Services LLC, I am excited to establish a premier security agency dedicated to providing exceptional network protection and cybersecurity services to businesses across the state. With a deep understanding of the growing risks and challenges

associated with the digital landscape, our company aims to safeguard valuable data, protect against cyber threats, and ensure the uninterrupted operation of our clients' networks.

Network Protection Services LLC will offer a comprehensive range of services, including network monitoring, vulnerability assessments, incident response, secure network design, and employee awareness training. We are committed to employing highly skilled and certified professionals who possess extensive knowledge and experience in cybersecurity.

Our mission is to provide superior network protection solutions tailored to each client's unique needs, fostering a culture of trust, reliability, and excellence. By leveraging advanced technologies and industry best practices, we will deliver cutting-edge security solutions that enable businesses to navigate the digital world with confidence.

To ensure compliance with all applicable laws and regulations, Network Protection Services LLC will adhere to the legal and ethical standards governing the industry. We are committed to maintaining the highest level of integrity and professionalism, safeguarding our clients' confidential information and upholding the principles of privacy and data protection.

We believe that by establishing Network Protection Services LLC, we will contribute to the growth and resilience of Florida's business ecosystem. Our services will address a critical need in the market, protecting businesses from cyber threats and facilitating their digital transformation journeys.

Thank you for considering our application. We look forward to receiving your prompt response and eagerly anticipate the opportunity to contribute to the security landscape of Florida. Should you require any additional information or documentation, please do not hesitate to contact me at [Phone Number] or [Email Address].

Yours faithfully,



Rebecca Ruiz

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2023 JUL -6 AM 9:28  
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{Founder and Managing Member}

Network Protection Services LLC

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