

To:

L240000103349

Page 3 of 3

2024-03-11 08:48 40CS

Exit

From: Carol Panchana

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000082465 3)))



H240000824653ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : RASI
Account Number : 120220000023
Phone : (800)221-2972
Fax Number : (917)243-5843

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
MAR 11 2024

FILED

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
Cyber Defense Network LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

2024 FEB 30 11:10:58

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CYBER DEFENSE NETWORK LLC

(Must end with 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:

1116 NORTH OCEAN BLVD, UNIT 306
POMPANO BEACH, FLORIDA 33062

Mailing Address:

1116 NORTH OCEAN BLVD, UNIT 306
POMPANO BEACH, FLORIDA 33062

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:

ERIC SAVITSKY

Name

1116 NORTH OCEAN BLVD, UNIT 306

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

POMPANO BEACH FL 33062

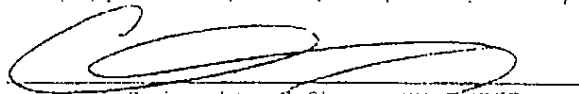
City State Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 1 10 12 AM '24

FILED

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)

