

# M16000001481

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

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

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

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

☐ PICK-UP    ☐ WAIT    ☐ MAIL

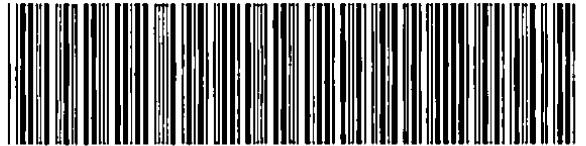
\_\_\_\_\_  
(Business Entity Name)

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

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200391504512

FILED  
2023 FEB 10 AM 9:24  
STATE  
FL

RECEIVED  
2023 FEB 10 PM 3:52  
PROCTORS OFFICE  
11150 PROCTORS  
MILWAUKEE, FLORIDA

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 262566 8280277

AUTHORIZATION :

COST LIMIT \$25.00

ORDER DATE : December 19, 2022

ORDER TIME : 1:48 PM

ORDER NO. : 262566-065

CUSTOMER NO: 8280277

FOREIGN FILINGS

NAME: NEXTGEN SECURITY, LLC

☐ CORPORATE  
☐ LIMITED PARTNERSHIP  
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: \_\_\_\_\_

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: NextGen Security, LLC

Enter new principal office address, if applicable: \_\_\_\_\_

(Principal office address  
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address  
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M16000001481

3. Jurisdiction of its organization: Pennsylvania

4. Date authorized to do business in Florida: 02/22/2016

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida Street Address*

\_\_\_\_\_, Florida \_\_\_\_\_  
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

*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 relative 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. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

Delaware

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the  
aforementioned amendment(s), duly authenticated by the official having custody of records in the  
jurisdiction under the law of which this entity is organized.

  
\_\_\_\_\_  
Signature of the authorized representative

Dwight Smith

\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00

FILED  
SEP 10 AM 9:24  
STATE  
OFFICE FL

# Pennsylvania Department of State

Bureau of Corporations and Charitable Organizations

PO Box 8722 | Harrisburg, PA 17105-8722

T: 717-787-1057

[dos.pa.gov/BusinessCharities](http://dos.pa.gov/BusinessCharities)

**Entity Name:** NextGen Security, LLC

**Jurisdiction:** DELAWARE

**Issuance Date:** 02/10/2023

**Entity No.:** 0004132916

**Receipt No.:** 000371470

**Entity Type:** Foreign Limited Liability  
Company

**Certificate No.:** 009567728

## Document Listing

Image No.	Date Filed	Effective Date	Filing Description	No. of Pages
A2704580-1	09/10/2012	09/10/2012	Initial Filing	2
A2704581-1	08/29/2022	08/29/2022	Domestication into PA (from Foreign Registered)	2
A2704582-1	08/29/2022	08/29/2022	Initial Filing Legacy Amendment	2

\*\* \*\*\*\* \* End of list \*\*\*\*\* \*\*

I, Albert Schmidt, Acting Secretary of the Commonwealth of Pennsylvania, do hereby certify that the attached document(s) referenced above are true and correct copies and were filed in this office on the date(s) indicated above.



IN TESTIMONY WHEREOF, I have  
hereunto set my hand and caused the seal  
of my office to be affixed, the day and year  
above written

**ALBERT SCHMIDT**

Acting Secretary of the Commonwealth

Verify this certificate online at [www.file.dos.pa.gov](http://www.file.dos.pa.gov)

PENNSYLVANIA DEPARTMENT OF STATE  
CORPORATION BUREAU

Certificate of Organization  
Domestic Limited Liability Company  
(15 Pa.C.S. § 8913)

Corporation Service Company

339436-5

*[Signature]*

Document will be returned to the  
name and address you enter to  
the left.



Commonwealth of Pennsylvania  
CERTIFICATE OF ORGANIZATION 3 Page(s)



Fee: \$125

In compliance with the requirements of 15 Pa.C.S. § 8913 (relating to certificate of organization), the undersigned desiring to organize a limited liability company, hereby certifies that:

1. The name of the limited liability company (*designator is required, i.e., "company", "limited" or "limited liability company" or abbreviation*):

NextGen Security, LLC

2. The (a) address of the limited liability company's initial registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:

(a) Number and Street	City	State	Zip	County
c/o Claymir Farm, 105 Unionville Road	Douglassville	PA	19518	Berks

(b) Name of Commercial Registered Office Provider	County
c/o:	

3. The name and address, including street and number, if any, of each organizer is (*all organizers must sign on page 2*):

Name	Address
Samuel C. Albright, Esq. c/o White and Williams LLP	1650 Market Street, Ste 1800, Philadelphia, PA 19103

certification verification NO.: 00956128 Date: 02/10/2023

4. *Strike out if inapplicable term*

A member's interest in the company is to be evidenced by a certificate of membership interest.

5. *Strike out if inapplicable:*

Management of the company is vested in a manager or managers.

6. The specified effective date, if any is: \_\_\_\_\_

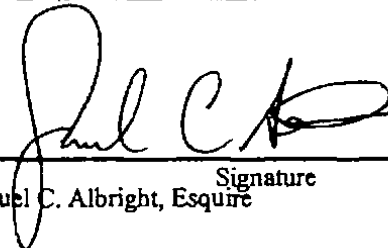
month date year hour, if any

7. *Strike out if inapplicable:* ~~The company is a restricted professional company organized to render the following restricted professional service(s):~~

8. For additional provisions of the certificate, if any, attach an 8½ x 11 sheet.

IN TESTIMONY WHEREOF, the organizer(s) has (have)  
signed this Certificate of Organization this

7<sup>th</sup> day of September, 2012

  
\_\_\_\_\_  
Signature  
Samuel C. Albright, Esquire

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**PENNSYLVANIA DEPARTMENT OF STATE  
 BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

☐ Return document by mail to:

PENNCORP SERVICEGROUP, INC.  
 Name COUNTER PICK UP  
 Address penncorp@penncorp.net  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

☒ Return document by email to: 172413-1

**Statement of Domestication**

DSCB:15-375

(7/1/2015)



TCO220829MC1049

Read all instructions prior .

Fee: \$70

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 375 (relating to Statement of domestication), the undersigned entity, desiring to effect domestication, hereby states that:

**A. For the domesticating entity:**

**1. The type of association is (check only one):**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Business Corporation                 | <input type="checkbox"/> Limited Partnership                     | <input type="checkbox"/> Business Trust           |
| <input type="checkbox"/> Nonprofit Corporation                | <input type="checkbox"/> Limited Liability (General) Partnership | <input type="checkbox"/> Professional Association |
| <input checked="" type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Limited Liability Limited Partnership   | <input type="checkbox"/> Other _____              |

2. The name of the domesticating entity is: NextGen Security, LLC

3. The jurisdiction of formation of the domesticating entity: Pennsylvania

4. Date on which the domesticating entity was created, incorporated or formed: 09/10/2012  
 (MM/DD/YYYY)

**5. Check and complete one of the following addresses.**

<input checked="" type="checkbox"/>	<p><b>If the domesticating entity is a domestic filing entity, domestic limited liability partnership or registered foreign association, the current registered office address as on file with the Department of State.</b>  <b>Complete part (a) OR (b) – not both:</b></p> <p>(a) <u>105 Unionville Road Douglassville Berks PA 19518</u>          Number and street City State Zip County</p> <p>(b) c/o: _____          Name of Commercial Registered Office Provider County</p>
<input type="checkbox"/>	<p><b>If the domesticating entity is a domestic entity that is <i>not</i> a domestic filing entity or limited liability partnership, the address, including street and number, if any, of its principal office:</b></p> <p>_____          Number and street City State Zip County</p>
<input type="checkbox"/>	<p><b>If the domesticating entity is a nonregistered foreign association, the address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office:</b></p> <p>_____          Number and street City State Zip</p>

2022 AUG 29 PM12:16



**B. For the domesticated entity:**

1. The name of the domesticated entity is: NextGen Security, LLC
2. The jurisdiction of formation of the domesticated entity: Delaware
3. Check and complete one of the following addresses.

<input checked="" type="checkbox"/>	<p><b>If the domesticated entity is a domestic filing entity, domestic limited liability partnership or registered foreign association, its registered office address. Complete part (a) OR (b) – not both:</b></p> <p>(a) _____  Number and street City State Zip County</p> <p>(b) c/o: <u>Corporation Service Company</u> <u>Dauphin County</u>  Name of Commercial Registered Office Provider County</p>
<input type="checkbox"/>	<p><b>If the domesticated entity is a domestic entity that is <i>not</i> a domestic filing entity or limited liability partnership, the address, including street and number, if any, of its principal office:</b></p> <p>_____  Number and street City State Zip County</p>
<input type="checkbox"/>	<p><b>If the domesticated entity is a nonregistered foreign association, the address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office:</b></p> <p>_____  Number and street City State Zip</p>

**C. Effective date of Statement of Domestication** (check, and if appropriate complete, one of the following):

- ☒ This Statement of Domestication shall be effective upon filing in the Department of State.
- ☐ This Statement of Domestication shall be effective on: \_\_\_\_\_ at \_\_\_\_\_  
Date (MM/DD/YYYY) Hour (if any)

**D. Approval of domestication by domesticating association** (check only one):

- ☒ For a domesticating entity that is a domestic entity – The domestication was approved in accordance with 15 Pa.C.S. Chapter 3, Subchapter B (relating to approval of entity transactions).
- ☐ For a domesticating entity that is foreign entity – The domestication was approved in accordance with 15 Pa.C.S. Chapter 3, Subchapter B, §373(b) (relating to approval of domestication).

**E. Check if applicable:**

- ☐ The domesticating entity is to be a domestic entity in both this Commonwealth and the foreign jurisdiction.

**F. Attachments** (see Instructions for required and optional attachments).

IN TESTIMONY WHEREOF, the undersigned association has caused this Statement of Domestication to be signed by a duly authorized officer thereof this 29th day of August, 2022.

NextGen Security, LLC

Name of Domesticating Entity

/s/ Frank Brewer

Signature

Chief Executive Officer

Title

**PENNSYLVANIA DEPARTMENT OF STATE  
 BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

☐ Return document by mail to:

Name PENNCORP SERVICEGROUP, INC.

Address COUNTER PICK UP

Address penncorp@penncorp.net

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

☒ Return document by email to: 172413-2

Foreign Registration Statement  
 DSCB:15-412  
 (rev. 2/2017)



TCO220829MC1056

Read all instructions prior to completing. This form may be su

Fee: \$250

☐ I qualify for a veteran/reservist-owned small business fee exemption (see instructions)

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 412 (relating to foreign registration statement), the undersigned foreign association hereby states that:

1. The type of association is (check only one):

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Business Corporation                 | <input type="checkbox"/> Limited Partnership                     | <input type="checkbox"/> Business Trust           |
| <input type="checkbox"/> Nonprofit Corporation                | <input type="checkbox"/> Limited Liability (General) Partnership | <input type="checkbox"/> Professional Association |
| <input checked="" type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Limited Liability Limited Partnership   |   |

2. The full and proper name of the foreign association as registered in its jurisdiction of formation is:

NextGen Security, LLC

2A. If the name in 2 does not contain a required designator or if the name in 2 is not available for use in the Commonwealth, the alternate name under which the association is registering in this Commonwealth is:

3. The jurisdiction of formation is: Delaware

4. The street and mailing address of the association's principal office.

411 Theodore Fremd Ave Suite 125, Rye, NY 10580

Number and street

City

State

Zip

4A. The street and mailing address of the office, if any, required to be maintained by the law of the association's jurisdiction of formation in that jurisdiction:

251 Little Falls Drive, Wilmington, Delaware 19808

Number and street

City

State

Zip

5. The (a) address of the association's proposed registered office in this Commonwealth or (b) name of its Commercial Registered Office Provider and the county of venue is:

Complete part (a) **OR** (b) – not both:

(a) \_\_\_\_\_  
 Number and street City OR State Zip County

(b) c/o: Corporation Service Company Dauphin County  
 Name of Commercial Registered Office Provider County

6. Check one of the following:

- ☒ The association may not have series.  
☐ The association may have one or more series.

7. Effective date of registration of foreign association (check, and if appropriate complete, one of the following):

- ☒ The Foreign Registration Statement shall be effective upon filing in the Department of State.  
☐ The Foreign Registration Statement shall be effective on: \_\_\_\_\_ at \_\_\_\_\_  
 Date (MM/DD/YYYY) Hour (if any)

8. To be completed by **Limited Liability Companies only**. Check, and if appropriate complete, one of the following:

- ☒ The association is a limited liability company which is not organized to render any of the below professional service(s).  
☐ The association is a restricted professional limited liability company organized to render one or more of the following professional service(s): (If this box is checked, one or more of the fields below must be checked.)
- |                                       |   |   |   |
|---------------------------------------|---|---|---|
| <input type="checkbox"/> Chiropractic | <input type="checkbox"/> Dentistry                        | <input type="checkbox"/> Law                | <input type="checkbox"/> Medicine and surgery |
| <input type="checkbox"/> Optometry    | <input type="checkbox"/> Osteopathic medicine and surgery | <input type="checkbox"/> Podiatric medicine | <input type="checkbox"/> Public accounting    |
| <input type="checkbox"/> Psychology   | <input type="checkbox"/> Veterinary medicine              |   |   |

IN TESTIMONY WHEREOF, the undersigned association has caused this Foreign Registration Statement to be signed by a duly authorized representative thereof this 29th day of August, 2022.

NextGen Security, LLC

Name of Association

/s/ Frank Brewer

Signature

Chief Executive Officer

Title