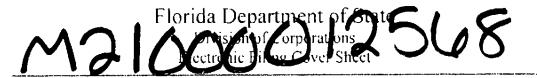
9/23/21, 11:11 AM

Division of Corporations



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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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## Foreign Limited Liability Company CYLITIC SECURITY LLC

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From: Kimberly Laughrey

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTEN THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

ume unavallable, enter alternate i	name adopted for the purpose of transacting business in Flor			•
Delaware		83-3: 3.	500288	
(fursdiction under the law of w	high foreign limited liability company is organized)	··· <u></u>	(E.f. number, if appl	izable)
02/06/2019				
	Date first transacted business in Florida, if prior to it (See sections 605 0904 & 605 0905, E.S. to determin	rgistration ) e penalty hability		
1221 brickell avenue, s	suite 900, Miami, 33131	,		
eet Address of Principal Office)		n. ——	Mailing Address)	
None and steam of decore	e at Klacida canistarud quents (P.O. Box	NOT accent	able)	
Name and street addres	ss of Florida registered agent: (P.O. Box	NOT accept	able)	2.8
Name and street addres	ss of Florida registered agent: (P.O. Box	NOT accept	able)	22.27
Name and street addres		<u>NOT</u> accept	able)	212185
	ss of Florida registered agent: (P.O. Box C T Corporation System	NOT accept	able)	2121855
Name and street address Name:		<u>NOT</u> accept	able)	212185921
		<u>NOT</u> accept	able)	212/85/21
	C.T Corporation System	<u>NOT</u> accept	able)	
Name:	C T Corporation System 1200 South Pine Island Road	<u>NOT</u> accept	-	
Name:	C.T Corporation System	<u>NOT</u> accept	- - 33324	
Name:	C T Corporation System  1200 South Pine Island Road  Plantation	NOT accept		
Name:	C T Corporation System 1200 South Pine Island Road	NOT accept	- - 33324	212182221 7411:49
Name:	C T Corporation System  1200 South Pine Island Road  Plantation  (City)	<u>NOT</u> accept		

(Registered agent's signature)

Ву:

Page: 6 of 6

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity	<u>:</u>	Name and Address:
Manager	Name: Mohit Kaushal	∏Manager	Name:	
□Member	Address: 1221 Brickell Avenue, Suite 90	□ Member	Address:	
□Authorized	Miami, 33131, Florida	☐ Authorized		
Person		Person		
□Other	Other	Other		Other
∃Manager	Name:	∏Manager	Name:	
□Member	Address:	_ Member	Address:	
□Authorized		☐ Authorized		
Person		Person		
□Other	Other	Other		□Other
□Manager	Name:	∐ Manager	Name:	
□Member	Address:	<b>E</b> Member	Address:	
□Authorized		☐ Authorized		
Person		Person		,
□Other	Other	Other		□Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
- 10. 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.

	Mohit Kaushal	
	Signature of an gutl orized person	
Mohit Kaushal		



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CYLITIC SECURITY LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE SEVENTEENTH DAY OF SEPTEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

a at coro delaware sow/autho

Authentication: 204191226

Date: 09-17-21