

10/10/2023, 12:00

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Division of Corporations  
Florida Department of State  
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Division of Corporations  
Case Number: 14076122181  
From: ACCOUNT NAME: 100-NET SOLUTIONS CORP  
ACCOUNT NUMBER: 100-NET-0001  
Phone: (407) 682-0898  
Fax Number: (407) 682-0181

\*\* If you are email address for this document is provided, a notice should report "billing" (email only) and email address please. \*\*

Email Address: \_\_\_\_\_

Foreign Limited Liability Company  
NAPI GLOBAL NETWORK SOLUTIONS LLC

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

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OCT 10 PM 1:32  
STATE  
CORPORATIONS  
DIVISION  
TALLAHASSEE, FL

FILED  
2023 OCT 10 AM 10:29  
SECRETARY OF STATE  
TALLAHASSEE, FL

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. NAP IT GLOBAL NETWORK SOLUTIONS LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. DELAWARE 3. 92-2522064  
(Jurisdiction under the law of which foreign limited liability company is organized) (EIN number, if applicable)

4. 10/09/2023  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0901 & 605.0905, F.S., to determine penalty liability)

5. 6735 CONROY RD STE 309 6. 6735 CONROY RD STE 309  
(Street Address of Principal Office) (Mailing Address)

ORLANDO, FL 32835 ORLANDO, FL 32835

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: ICONNECT SOLUTIONS CORP  
Office Address: 6735 CONROY RD STE 309  
ORLANDO, FL 32835 Florida  
(City) (Zip code)

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TALLAHASSEE, FL

Registered agent's acceptance:

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 application, 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.

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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: RODRIGO DA SILVA ALABARCE	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 6735 CONROY RD STE 309	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	ORLANDO, FL 32835	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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 605.02(3) (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.

*Emerson Correa*

\_\_\_\_\_  
Signature of an authorized person

# Delaware

The First State


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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NAP IT GLOBAL NETWORK SOLUTIONS 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 SIXTH DAY OF OCTOBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NAP IT GLOBAL NETWORK SOLUTIONS LLC" WAS FORMED ON THE EIGHTH DAY OF FEBRUARY, A.D. 2023.

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



  
Jeffrey W. Bullock, Secretary of State