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.

(((H13000228832 3)))



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

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BUSINESS FILINGS Account Number : 105256001620 Phone : (608)827-5300 : (608)827-5501

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

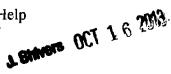
Email Address: chris@mimirs.com

Foreign Limited Liability Company Mimir, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help



Common brealth of Hirginia



State Corporation Commission

CERTIFICATE OF FACT

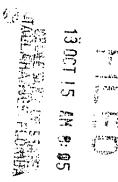
I Certify the Following from the Records of the Commission:

That Mimir, LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is October 21, 2009; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.





Signed and Sealed at Richmond on this Date: October 15, 2013

Joel H. Peck, Clerk of the Commission

CISECOM

Document Control Number: 1310155393

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

IN COMPLIANCE WITH SECTION 608:503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	Mimir, LLC			
	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L	LC.")	-
CO	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a usent of the managers or managing members adopting the alternate name. The alternate name must include "Limpany," "L.L.C.," "LLC.")	copy nited	of the Lisbi	writter lity
2.	Virginia (Jurisdiction under the law of which foreign limited liability 3. 27-122 656 4 (FEI number, if applicable)			_
	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)			
4.	(Date of Organization) 5. Description (Duration: Year limited liability company wiexist or "perpetual")	ll ces	ise to	. ·
6.	Upon Filing (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)			-
7.	27733 Indigo Pond Ct, Wesley Chapel, Florida 33544			_
		n Ent	النه.	
	(Street Address of Principal Office)		3	T
8.	If limited liability company is a manager-managed company, check here		5	ी स्थाप्त ा सम्बद्ध
9.	The name and usual business addresses of the managing members or managers are as follow	VS:	EK.	4
	Christian Carlson, 27733 Indigo Pond Ct, Wesley Chapel, Florida 33544	: ! ::!::	<u>an</u>	1.
	The state of the s	ing Pri	Ű	_
		<u>.</u>		_
th	Of Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having of purisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign burstation of the certificate under eath of the translator must be submitted.)	ustod angua	ly of re age, a	conds in
3	1. Nature of business or purposes to be conducted or promoted in Florida:			_
	All lawful business			_•
	Chit			
	Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated bernin are true.)			
	Christian Carlson			
	Typed or printed name of signee			

Fax Cludt #H130002286323

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The nam	ne of the Limited Liability Co	ompa	ny is:			
If name una	available, the alternate name	to be	used in the state of Florida is:			
2. The nam	ne and the Florida street addr	ess o	f the registered agent and office are:	···		
	Business Filings Incorpor	ated		_		
			(Name)		s:	
					IŠ OCT	· 31/91
	515 E. Park Avenue,				3	
	Florida Street	; Addn	ess (P.O. Box <u>NOT</u> ACCEPTABLE)	and the		وكنبة
				T.J.	ភា	- 10 125 - 10 125
	Tallahassee		FT. 32301	Service to	3514	
	241.43.120.000		City/State/Zip			÷ ;
			· ·	<u>(</u>	OB.	o, FA Ma Megan
					42	
Having bee	n named as registered agent o	and to	accept service of process for the above	statėd lim	ited	
			is certificate, I hereby accept the appoin			ed
			er agree to comply with the provisions of			
			ice of my duties, and I am familiar with a as provided for in Chapter 608, Florida		i irie	
oonganons	of my position as registered to	Seut	as provided for in Chapter 666, Florida	Dictionics.		
Muh						
	(Signature)		·			
Mark Willia	ms, A.V.P., Business Filings Inc	corpor	rated			
	\$ 100).OO	Filing Fee for Application			
		5.00	Designation of Registered Agent			
		00,0	Certified Copy (optional)			
	•	5.00	Certificate of Status (optional)			

Fax audut# H13000228832-3