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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

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

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

Email Address:\_

# Foreign Limited Liability Company Praetorian Power Protection, LLC

Certificate of Status	0
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Estimated Charge	\$155.00

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

IN COMPLIANCE WITH SECTION (05.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: PRAETORIAN POWER PROTECTION LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.L.C." (If name maxantelle, enter alternate come adopted for the purpose of transacting business in Handa. The alternate name must include "Emitted Liability Company," "(LEC," or "FFC,") Washington (FEI number, if applicable) (Jurisd et en under the law of which fereign limited liability company is organized) (Date first transacted business in Florida, it prior to registration.) (See sections 605,0904 & 605,0905; F.S. to determine penalty Lability). PO BOX 3366 17103 76TH AVE W (Street Address of Principal Office) LYNNWOOD, WA, 98046 EDMONDS, WA. 98026 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address:

#### Registered agent's acceptance:

**Plantation** 

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]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
∐Manager	Name:DANIEL PETERSON	_lManager	Name:
<b>⊞</b> Member	Address:	<b>≡</b> Member	Address: 17103 76TH AVE W
∐Authorized	EDMONDS, WA. 98026	□Authorized	EDMONDS, WA, 98026
Person		Person	
∐Other		Other	_Other
□Manager	Name:	⊒Manager	Name:
UMember	Address:	□Member	Address:
☐ Authorized		∏Authorized	
Person		Person	
LIOther		_Other	
∐Manager	Name:	⊒Manager	Name:
□Member	Address:	<sup>+</sup> 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 filling 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.

lawand a L Bu	rell	
	Signature of an authorized person	
Cassandra Burrell		
	Typed or printed name of sigrec	

The state of



Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

## CERTIFICATE OF EXISTENCE

OF

# PRAETORIAN POWER PROTECTION LLC

**I CERTIFY** that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 12/22/2014.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 09/22/2020 UBI Number: 603 461 213



Given under my hand and the Seal of the State of Washington at Olympin, the State Capital

Kim Wyman, Secretary of State

tim Ulyna

Date Issued: 09/22/2020