# 1184W015938

(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:	
	i

Office Use Only



000439544030

000433544030 11/21/24-01022-013 +\*165.00

2624 NO. 51 BH 3: 40

T. LEMIEUX DEC 19 2024



### 7

## COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJE	Mjolnir Marine Security LLC / Mjolnir Secu	urity Services			
SOBJE	Name	of Limited Liability Company			
		Company for Authorization to Transact Business in Florida," Certificate of eferenced foreign limited liability company to transact business in Florida			
Please r	eturn all correspondence concerning this matter to	the following:			
	Mark J Salopek				
		Name of Person			
	Mjolnir Marine Security LLC / Mjolnir	r Security Services			
	Firm/Company				
	271 N Bayview Drive				
Address					
	Port Ludlow, WA 98365				
	Ci	ty/State and Zip Code			
	info@mjolnirsecurity.net				
	E-mail address: (to be	used for future annual report notification)			
For furt	her information concerning this matter, please call	l:			
Mak Salopek		360 316-4635 at ( )			
	Name of Contact Person	at () Area Code Daytime Telephone Number			
Mailing Address:		Street Address:			
Registration Section		Registration Section			
Division of Corporations		Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
	Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEP.  \$\Begin{array}{c} \text{S125.00 Filing Fee} \text{Certificate of the following amount:}  Certificate of the following amount:    10	& 🗆 \$155.00 Filing Fee & 🗏 \$160.00 Filing Fee, Certificate			

## 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. Mjolnir Marine Secu	rity LLC Limited Liability Company; must include "Lim		8 WWI I A W WI I A W	
· · · · · · · · · · · · · · · · · · ·		ited Liability	Company," "L.L.C.," or "LLC.")	
Mjolnir Security Servic				
(If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in	r Florida. The a	ternate name must include "Limited Liability	Company." "L.L.C." or "LLC.")
Washington State Secretary	•	3	85-0648993	
(Jurisdiction under the law of wh	nich foreign limited liability company is organized)	٦.	(FEI number, if	applicable)
N/A				
٦٠ <u> </u>	(Date first transacted business in Florida, if prior (See sections 605.0904 & 605.0905, F.S. to dete	to registration. rmine penalty !	ability)	_
271 N Bayview Drive	:	6	271 N Bayview Drive	
(Street Address of Principal Office)		٠. ٠	(Mailing Address)	
Port Ludlow, WA 98	365		Port Ludlow, WA 98365	
	<del> </del>	-		53 53 53
		_		
7. Name and street addres  Name:	s of Florida registered agent: (P.O. B  Mark J Salopek	ox <u>NOT</u> a	eceptable)	ن ا ا ا ا ا ا ا ا ا
Office Address:	2890 Preveza Ct.			· · · · · · · · · · · · · · · · · · ·
	Jacksonville, FL		32246 , Florida	
	(City)		(Zip code)	_
designated in this applicate to comply with the provisi	tance: gistered agent and to accept service of tion, I hereby accept the appointment ons of all statutes relative to the prop to of my position as registered agent (Registered agent	as registe per and con	red agent and agree to act in th	is capacity. I further agree

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: Mark Salopek	□Manager	Name:	
□Member	Address:	□Member	Address: 271 N Bayview Drive	
□Authorized	Port Ludlow, WA 98365	□Authorized	Port Ludlow, WA 98365	
Person		Person		
Principal  Other	Other	OtherCo-Owner		
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
Other	Other	□Other	Other	
□Manager	Name:	□Manager	Name:	
□Member	Address:	□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.				



## Secretary of State

I, STEVE R. HOBBS. Secretary of State of the State of Washington and custodian of its seal, hereby issue this certificate that according to the records on file in this office.

#### MJOLNIR MARINE SECURITY LLC

a/an WA LIMITED LIABILITY COMPANY is duly authorized to transact business in the State of Washington, with an expiration date of 03/31/2025, and I certify that the following records are on file in this office:

Issued Date: 07/24/2024 UBI Number: 604 237 665

Filing	Date Filed	Effective Date
CERTIFICATE OF FORMATION	03/13/2018	03/13/2018
INITIAL REPORT	03/13/2018	03/13/2018
ANNUAL REPORT	12/14/2018	12/14/2018
ANNUAL REPORT DUE DATE NOTICE	02/01/2020	02/01/2020
DELINQUENT ANNUAL REPORT NOTICE	04/01/2020	04/01/2020
ANNUAL REPORT	04/15/2020	04/15/2020
ANNUAL REPORT DUE DATE NOTICE	02/01/2021	02/01/2021
ANNUAL REPORT	03/31/2021	03/31/2021
ANNUAL REPORT DUE DATE NOTICE	02/01/2022	02/01/2022



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

Ather R Hobbie

Steve R. Hobbs, Secretary of State

Date Issued: 07/24/2024



# Secretary of State

ANNUAL REPORT	03/15/2022	03/15/2022
ANNUAL REPORT	01/05/2023	01/05/2023
ANNUAL REPORT DUE DATE NOTICE	02/01/2024	02/01/2024
ANNUAL REPORT	02/05/2024	02/05/2024



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

then R Hobbie

Steve R. Hobbs, Secretary of State

Date Issued: 07/24/2024