

Division of Corporations

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.  
Account Number : 120090000081  
Phone : (307)200-2803  
Fax Number : (813)436-5206

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**\*\*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  
TEAM VIKING LLC**

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

# 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. TEAM VIKING LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

VIKING FIBER 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. TX 3. 99-2662807  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 11607 Prospect Rd 6. 11607 Prospect Rd  
(Street Address of Principal Office) (Mailing Address)  
Odessa FL 33556 Odessa FL 33556

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

Name: Registered Agents Inc  
Office Address: 7901 4th St N STE 300  
St. Petersburg, Florida 33702  
(City) (Zip code)

## 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.

David Rivers

(Registered agent's signature)

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 type="checkbox"/> Manager           | Name: Erik Stjernstedt         | <input type="checkbox"/> Manager           | Name: Johan Erik Sundberg      |
| <input checked="" type="checkbox"/> Member | Address: 11607 Prospect Rd     | <input checked="" type="checkbox"/> Member | Address: 11607 Prospect Rd     |
| <input type="checkbox"/> Authorized        | Odessa FL 33556                | <input type="checkbox"/> Authorized        | Odessa FL 33556                |
| Person                                     |                                | Person                                     |                                |
| <input type="checkbox"/> Other             | <input type="checkbox"/> Other | <input type="checkbox"/> Other             | <input type="checkbox"/> Other |
| <br><input type="checkbox"/> Manager       | Name:                          | <br><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 |
| <br><input type="checkbox"/> Manager       | Name:                          | <br><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 605.0203 (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.

*Robin Jones*

Signature of an authorized person

Robin Jones

Typed or printed name of signer

Corporations Section  
P.O.Box 13697  
Austin, Texas 78711-3697



Jane Nelson  
Secretary of State

## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for TEAM VIKING LLC (file number 805518886), a Domestic Limited Liability Company (LLC), was filed in this office on April 23, 2024.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on August 22, 2025.



A handwritten signature of Jane Nelson in black ink.

Jane Nelson  
Secretary of State