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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations.	
SUBJECT: TRINTY MORT GAGE INC. (Name of corporation - must include suffix)	
(Name of corporation - must include suffix)	
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.	
Please return all correspondence concerning this matter to the following:	
MARK TEMPLETON	
MARK TEMPLETON (Name of Person) TRINITY MONTGAGE	
(Firm/Company)	
(Firm/Company) 20 NONTH LAKE ST. SUITE 312 (Address) Fonest LAKE MN SS025	
(Address)	
Fonest LAKE MN SSOZS	
(City/State and Zip code)	
For further information concerning this matter, please call:	
Scott LYS four at (218) 234-5678 (Name of Person) (Area Code & Daytime Telephone Number)	
(Name of Person) (Area Code & Daytime Telephone Number)	
STREET ADDRESS: MAILING ADDRESS:	
Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the following amount:	÷
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy Certified Copy	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.		
TRINITY MONTGOOD, INC.		
(Enter name of corporation: must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")	•	
TRINTY MONTEAGE OF MINNISOTA INC	-	I
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 2. MINNESATO 3 75-3/12540		
2. MINNESOTK (State or country under the law of which it is incorporated) 3. 75-3112540 (FEI number, if applicable)		
4. 2-14-2003 5. Reference (Date of incorporation) (Duration: Year corp. will case to exist or "perpetual")		
(Date of incorporation) (Duration: Year corp. will case to exist or "perpenal")		•
6. NONL	_	
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)		
7. 20 North LANE ST. Suite 312 Forth Lake MN 55025 (Principal office address)		-
(Principal office address) 20 Noveth LAME ST. SWITH 3/2 Konost LAME MN 55025		
(Current mailing address)		
	_	0
8. Mont bab Broken (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florids)	05	Z _S
	AUG	<u> </u>
9. Name and atreet address of Florida registered agent: (P.O. Box NOT acceptable)		ZM_
Name: Robert Lehner	22	
Office Address: 109 West Pago Pago Drive	3	왕숙[
A/// 5://:3	<u>5</u>	တို့လ
Naples , Florida 34/13 (Zip code)		₽₽
(City) (Zip wile)	0	₹"
10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the plan designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity further agree to complete performance of my de and I are familiar with aid accept the obligations of my position as registered agent.	. I	0,

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS				
Chairman: N/A				
Address:				
Vice Chairman: N/A				- ISC
Address:			<u> </u>	
				*
Director: N/Z				
Address:				
Address.				
Director: N/B		-		
Address:				
B. OFFICERS President: RANDIL SUL				
Address: 14580 66N 64				
HUGO MN	55038			
Vice President: Scott LYS	LonD			<u> </u>
Address: 1/37 MORTE			13.3	PAT PSC
	MN 56501			70 T
Secretary: MANK TEMPL			15.	RATI
Address: 1130 1516 ST		OKL MN SSOZ	25	*
Treasurer:	•			
Address:	·	<u> </u>		
Address:	1			
NOTE: If necessary, you may atta	ch an addendum to the app	plication listing additional	officers and/or direc	tors.
13. Just M	/			
Signature o	Director or Officer listed	in number 12 of the appl	ication)	
		& President		
(Typed or	printed name and capacity	of person signing applica	ntion)	

state of Minnesota

SECRETARY OF STATE

Certificate of Good Standing

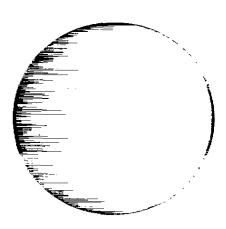
I, Mary Kiffmeyer, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the corporation is governed by the chapter of Minnesota Statutes listed below; and that this corporation is authorized to do business as a corporation at the time this certificate is issued.

Name: Trinity Mortgage, Inc.

Date Formed: 02/14/2003

Chapter Governed By: 302A

This certificate has been issued on 08/18/05.



Mary Kiffmager Secretary of State.