

L24000488517

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

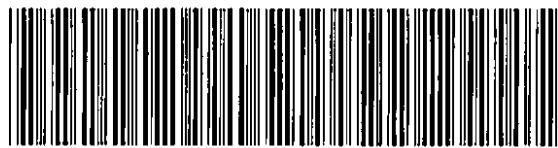
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W24000149709
11/18/24

Office Use Only



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10/29/24--01015--019 - \$160.00

FILED

2024 NOV 18 PM 4:27

FLORIDA
STATE
FALLSASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 5, 2024

DAVID ROWAN
315 SUNRISE CIR
NEPTUNE BEACH, FL 32266 US

SUBJECT: TRIDENT MUSIC, LLC
Ref. Number: W24000149709

2024 NOV 18 PM 4:45
S E A L O F T H E S T A T E
T A L L A M A S S E E , F L

RECEIVED

We have received your document for TRIDENT MUSIC, LLC and check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Monique K Anderson
Regulatory Specialist II

Letter Number: 124A00024321

2024 NOV 18 PM 4:27
S E A L O F T H E S T A T E
T A L L A M A S S E E , F L O R I D A

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Trident Music, LLC.

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

315 Sunrise Cir.
Neptune Beach, FL 32266

Mailing Address:

315 Sunrise Cir.
Neptune Beach, FL 32266

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

David Rowan

Name

315 Sunrise Circle

Florida street address (P.O. Box NOT acceptable)

Neptune Beach FL 32266

City

State

Zip

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided in Chapter 605, F.S..

DR

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

David Powers

MGR

David Bowen

SIS Sunrise Cr.
Naples Beach, FL 32266

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member. 
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.

David Rowan

Typed or printed name of signee

THE STATE
OF FLORIDA
TALLAHASSEE, FLORIDA

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)