

M22000012363

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

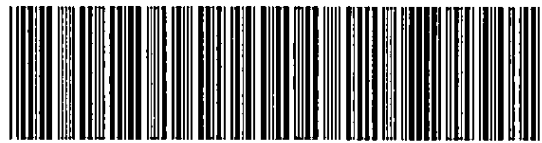
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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07/14/22--01024--004 \*\*155.00

S. FRANKLIN

AUG - 8 2022

2024 AUG - 8 PM 7:23

**COVER LETTER**

**TO: Registration Section**  
**Division of Corporations**

**SUBJECT:** Trident - Davenport, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Roger Fink

\_\_\_\_\_  
Name of Person

Trident - Davenport, LLC

\_\_\_\_\_  
Firm/Company

1200 25th Avenue South

\_\_\_\_\_  
Address

St. Cloud, MN 56301

\_\_\_\_\_  
City/State and Zip Code

rogerf@tridentdevelopmentmn.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

2024 Filing - 8 PM 7:13

For further information concerning this matter, please call:

Jay F. Cook

612

963-3061

at ( )

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☒ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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. Trident - Davenport, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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. Minnesota 3. 87-0930249  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 1200 25th Avenue South 6. 1200 25th Avenue South  
(Street Address of Principal Office) (Mailing Address)

St. Cloud, MN 56301 St. Cloud, MN 56301

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

Name: Jay F. Cook

Office Address: 6011 Burrowing Owl Place

Lithia, 33547  
(City) (Zip code)  
Florida

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.

Jay F. Cook  
(Registered agent's signature)

2024 11-28 PM 7:13

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:**

☐ Manager      Name: Jeffrey J. Drown

☐ Member      Address: 1200 25th Avenue South

☐ Authorized      \_\_\_\_\_

                         Person      St. Cloud, MN 56301

☒ Other President                      ☐ Other \_\_\_\_\_

**Title or Capacity:**                      **Name and Address:**

☐ Manager      Name: Scott O'Brien

☐ Member      Address: 1200 25th Avenue South

☐ Authorized      \_\_\_\_\_

                         Person      St. Cloud, MN 56301

☒ Other VP/Treasurer                      ☐ Other \_\_\_\_\_

☐ Manager      Name: Roger Fink

☐ Member      Address: 1200 25th Avenue South

☐ Authorized      \_\_\_\_\_

                         Person      St. Cloud, MN 56301

☒ Other Secretary                      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

                         Person      \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

                         Person      \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

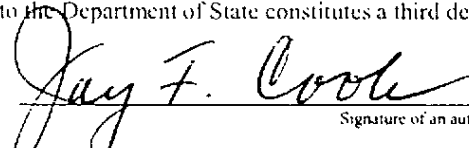
                         Person      \_\_\_\_\_

☐ 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.

  
\_\_\_\_\_  
Jay F. Cook

Signature of an authorized person

Typed or printed name of signer

2024 APR - 8 PM 7:13

**Office of the Minnesota Secretary of State  
Certificate of Good Standing**

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name: Trident - Davenport, LLC  
Date Filed: 05/28/2021  
File Number: 1237701200026  
Minnesota Statutes, Chapter: 322C  
Home Jurisdiction: Minnesota

This certificate has been issued on: 07/12/2022



A handwritten signature in black ink that reads "Steve Simon".

Steve Simon  
Secretary of State  
State of Minnesota

2024 AUG -8 PM 7:13



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 24, 2022

ROGER FINK  
1200 25TH AVENUE SOUTH  
ST CLOUD, MN 56301 US

SUBJECT: TRIDENT - DAVENPORT, LLC  
Ref. Number: W22000096641

We have received your document for TRIDENT - DAVENPORT, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title, governor isn't an acceptable title. Please update accordingly.

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) 245-6051.

Sharon D Franklin  
Regulatory Specialist II

Letter Number: 622A00016498

RECEIVED  
AUG 08 2022