

M24000007768

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

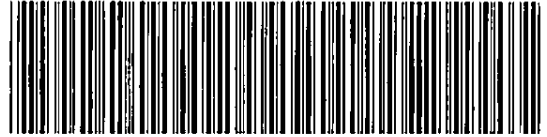
Special Instructions to Filing Officer:

CWO W24-83000

Office Use Only

K. SALY

JUN 18 2024



100429319551

05/08/24--01007--012 **125.00

RECEIVED

MAY 07 2024

2024 JUN 17 AM 6:35
STATE BAR OF FLORIDA
TALLAHASSEE, FLORIDA

FILED

6/17



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 3, 2024

EDWARD RAMOS
NORTH COUNTRY DIRECTIONAL DRILLING, LLC
8500 NORMANDALE LAKE BLVD, STE 350
BLOOMINGTON, MN 55437

SUBJECT: NORTH COUNTRY DIRECTIONAL DRILLING, LLC
Ref. Number: W24000083000

We have received your document for NORTH COUNTRY DIRECTIONAL DRILLING, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 924A00012006

COVER LETTER

**TO: Registration Section
Division of Corporations**

North Country Directional Drilling, LLC

SUBJECT: _____
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:

Edward Ramos

Name of Person

North Country Directional Drilling, LLC

Firm/Company

8500 Normandale Lake Blvd. Suite 350

Address

Bloomington, MN 55437

City/State and Zip Code

eddie@northcountrydrilling.com

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

For further information concerning this matter, please call:

Edward Ramos

Name of Contact Person

at (218)

Area Code

275-7705

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. North Country Directional Drilling, 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
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(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. 8500 Normandale Lake Blvd, Suite 350
(Street Address of Principal Office)

6. 8500 Normandale Lake Blvd, Suite 350
(Mailing Address)

Bloomington MN 55437

Bloomington MN 55437

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.

Dodd Roberts

(Registered agent's signature)

FILED
2024 JUN 17 AM 6:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Derek Vogel

☒ Member Address: 37607 Loon Drive

☐ Authorized Cohasset, MN 55721

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Edward Ramos

☒ Member Address: 3641 E Donato Drive

☐ Authorized Gilbert, AZ 85298

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

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

☐ Manager Name: JOSHUA UGRICH

☒ Member Address: _____

☐ Authorized 8500 Normandale Lake Blvd Suite 350

Person Bloomington MN 70508

☐ Other _____ ☐ Other _____

☐ Manager Name: Neal Roberts

☒ Member Address: 6184 Savanna Road

☐ Authorized Floodwood, MN 55736

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

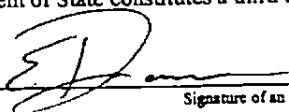
Person _____

☐ 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.



Signature of an authorized person

Edward Ramos

Typed or printed name of signer

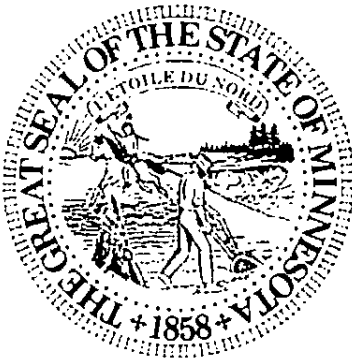
FILED
2024 JUN 17 AM 6:35
SEAL
TALLAHASSEE, FLORIDA

**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:	North Country Directional Drilling, LLC
Date Filed:	11/28/2022
File Number:	1351706800025
Minnesota Statutes, Chapter:	322C
Home Jurisdiction:	Minnesota

This certificate has been issued on: 05/06/2024



Steve Simon

Steve Simon
Secretary of State
State of Minnesota

FILED
2024 JUN 17 AM 6:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA