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PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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Special Instructions to Filing Officer:	





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COVER LETTER

10:	Registration Section Division of Corporations		
SUBJE	ECT: Compass International Wealth M	anagement LLC mited Liability Company	-
	Name of En	inited Eldomity Company	
The en	closed Articles of Organization and fee(s) a	re submitted for filing.	
Please	return all correspondence concerning this n	natter to the following:	
	Christian J Mendes		
		Name of Person	
	Compass International Wealth Mar	nagement I I C	
	COMPAND WATER THE PARTY WATER	Firm/Company	
	2690 Weston Rd, Suite 200	Address	<u> </u>
	Weston, Florida 33331		
	C	City/State and Zip Code	
cjr	nendes1@live.com E-mail address: (to be use	d for future annual report notifica	tion)
For fire	ther information concerning this matter, ple		···,
roi iui	mer mormation concerning this matter, pie.	ase can:	
Christi	an J Mendes at (305 <u>878-7728</u>	
	Name of Person		ephone Number
Enclose	ed is a check for the following amount:		
_	0 Filing Fee ✓ \$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addr Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Compass International Wealth Management LLC. (Must end with the words "Limited Lie	ability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office	e of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
	2690 Weston Rd Suite 200 Weston. FL 33331
ARTICLE III - Registered Agent, Registered Office, & I (The Limited Liability Company cannot serve as its own Re another business entity with an active Florida registration.)	gistered Agent. You must designate an individual or
The name and the Florida street address of the registered ag	ent are.
<u>Christian J Mendes</u> Name	
2690 Weston Rd, Suite 200 Florida street address (P.O. Box N	OT acceptable)
Weston	FL 33331
City	Zip
the place designated in this certificate, I hereby accept the capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obligi	ce of process for the above stated limited liability company at the appointment as registered agent and agree to act in this call statutes relating to the proper and complete performance ations of my position as registered agent as provided for in 605, F.S
	ALL T
Registered Agent's Signature	e (REQUIRED)
(CONTINUED	1
Page 1 of 2	THIS: 31

Title:	Name and Address:		
"AMBR" = Authorized Member	rante and reduces:		
"MGR" = Manager			
AMBR	Christian J Mendes		
	1243 Manor Drive S		
	Weston, FL 33326		_
AMBR	Alejandro G Lara		
MINIS	3886 West White Water Ave		
	Weston, FI 33332		
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(Use attachment if necessary)			
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