

From:

*H15000171113*

7/14/2015 08:44

#693 P.001/004

Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H15000171111 3))



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To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (800) 221-2972  
Fax Number : (888) 692-9256

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: \_\_\_\_\_

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TALLAHASSEE, FLORIDA  
15 JUL 14 AM 9:03  
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RECEIVED  
15 JUL 14 AM 11:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION  
Compassus Inc.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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Corporate Filing Menu

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From:

07/14/2015 08:45

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850-617-6381

7/13/2015 5:18:09 PM PAGE

1/001 Fax Server



July 13, 2015

FLORIDA DEPARTMENT OF STATE

Division of Corporations

E-FILE, BLUMBERG/EXCELSIOR CORP

SUBJECT: CAMPASSUS INC.  
REF: W15000046970

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Name is different on cover sheet.,

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

Sylvia Gilbert  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H15000169060  
Letter Number: 815A00014626

11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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From:

07/14/2015 08:45

#693 P.003/004

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: Compassus Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

500 Fifth Avenue, Suite 1610

500 Fifth Avenue, Suite 1610

New York, NY, 10110

New York, NY, 10110

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Hold a property!

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Sole Member: Saint Barth Company Ltd.

Name and Title: Director: Silvio Luiz de Marchi

Address: R.G. Hodge Plaza, Second Floor

Address: Director: Silvio Luiz de Marchi

Upper Main Street, Road Town

São Paulo, 05620-010, Brazil

Tortola, British Virgin Islands

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

From:

07/14/2015 08:45

#693 P.004/004

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
 Address \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: BLUMBERGEXCELSIOR CORPORATE  
 Address: 155 Office Plaza Drive, 1st Fl.  
TALLAHASSEE, FL 32301

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

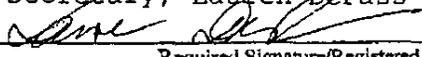
Name: Ana Maisonavu  
 Address: 16 Court St, 14th Fl  
Brooklyn, N.y. 11241

**ARTICLE VIII EFFECTIVE DATE:**

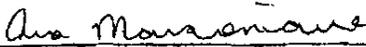
Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
 (If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**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.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*  
 Asst. Secretary, Lauren DePass

 07/10/2015  
 Required Signature/Registered Agent Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the 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.*

 07/10/2015  
 Required Signature/Incorporator Date