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19-11-18 5:00 PM

144-002 From: 1

31/28

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)208-0845

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

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

### FLORIDA/FOREIGN LP/LLLP

#### Compass AL LP

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$1,061.25

5 PAGE FAX

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2019 NOV. 1 PM 4:59

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850-617-6381

11/4/2019 10:10:05 AM PAGE 1/001 Fax Server



November 4, 2019

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CT CORPORATION SYSTEM

SUBJECT: COMPASS AL LP  
REF: W19000096869

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.

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

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.

Yvette Scott  
Document Specialist II

FAX Aud. #: H19000322708  
Letter Number: 619A00022669

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR  
LIMITED LIABILITY LIMITED PARTNERSHIP  
TO TRANSACT BUSINESS IN FLORIDA**

**1. Compass AL LP**

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

If name unavailable, name under which the limited partnership or limited liability limited partnership propo  
business in Florida; must contain acceptable suffix.

**2. Delaware**

**10-11-2019**

State or Country of Formation

Date of Formation

**4. Federal Employer Identification Number:** \_\_\_\_\_

**5. Name of Registered Agent for Service of Process and Florida Street Address:**

**C T Corporation System**

**1200 S. Pine Island Road**

**Plantation, FL 33324**

6. 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.

Signature of Registered Agent

**Madonna Cuddihy  
Assistant Secretary**

**7. Principal Office:**

**4890 W. Kennedy Blvd., Suite 240**

**Tampa, FL 33609**

**8. Mailing Address:**

**4890 W. Kennedy Blvd., Suite 240**

**Tampa, FL 33609**

9. If limited partnership is a limited liability limited partnership, check box.

**10. Name, principal office address, and mailing address of each general partner:**

Name of General Partner: **Compass AL GP LLC**

Name of General Partner: \_\_\_\_\_

Street Address: **4890 W Kennedy Blvd., #240**

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

**Tampa, FL 33609**

Mailing Address: **4890 W Kennedy Blvd., #240**

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

**Tampa, FL 33609**

Name of General Partner: \_\_\_\_\_ Name of General Partner: \_\_\_\_\_

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

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

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Name of General Partner: \_\_\_\_\_ Name of General Partner: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

11. Effective date, if other than the date of filing: \_\_\_\_\_  
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction of the law of which it is organized.

Signed this 31st day of October 2019  
By: Compass AI GP LLC  
By: Joseph G. Lubeck, President

The individual signing this document affirm that the facts stated herein are true and the individual is aware that 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.

Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

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# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COMPASS AL LP" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF OCTOBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

FILED  
2019 OCT 31 PM 4:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



7651974 8300

SR# 20197521776

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203782776

Date: 10-14-19