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.

(((H12000130345 3)))



H120001303453ABCT

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)617-6381

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007 Phone : (702)866-2500 Fax Number : (702)866-2689

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

Email Address: <u>accounts @ compassnetusa.com</u>

FOREIGN PROFIT/NONPROFIT CORPORATION Compass Networking Inc.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

Z KAY IN PH I DO

Z Buren MAY 1 5 2012

https://efile.sunbiz.org/scripts/efilcovr.exe

5/14/2012

2 MAY 14 PM 4: 05

COVER LETTER

TO: New Filing Section of Con						
SUBJECT: Compass Networking Inc.						
	Name of corporation - must include suffix					
Dear Sir or Madam:	·					
"Certificate of Existence		for Authorization to Transact Standing* and check are subm siness in Florida.				
Please return all corresp	ondence concerning this ma	atter to the following:				
Amber Ragiand	· ·	•				
	Name	of Person				
Incorp Services, Inc)					
	Firm/0	Company				
2360 Corporate Cir	cle, Suite 400	·				
	A	ddress				
Henderson, NV 890)74					
	City/Sta	te and Zip code				
accounts@compass	netusa.com		,			
	E-mail address: (to be us	ed for future annual report no	tification)			
For further information	concerning this matter, plea	se call:				
Amber Regiand for Inco	rp Services, Inc. st (702	866-2500				
Name of Person		rea Code & Daytime Telephor	ne Number			
		,				
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle		MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				
Tallahassee, FL	32301					
Enclosed is a check for t	he following amount:					
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy			

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

				<u>— []</u>	-
ΙN	COMPLIANCE WITH SECTION 607.1503, FLORIL)A S	TATUTES, THE FOLLOWING IS SUBMIT	TED T O	, <u>z</u>
RI	EGISTER A FOREIGN CORPORATION TO TRANSA	CT.	BUSINESS IN THE STATE OF FLORIDA.	¥::	_
1	Compass Networking Inc.		•	\$\$ \$\$	Ţ
1.	(Enter name of corporation; must include "INCORPORA" "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	ΓŹD	," "COMPANY," "CORPORATION,"	0F-STAT	Fri 4: U
	(If name unavailable in Florida, enter alternate corporate r	181110	adopted for the purpose of transacting business	in Florid	(B)
2.	Delaware		26-1576331		
	(State or country under the law of which it is incorporated)	(FEI number, if applicable)		_
4.	05/24/2007	5.	Perpetual		
••	(Date of incorporation)	_	(Duration: Year corp. will cease to exist or "	perpetual'	"
б.	Upon registration				
	(Date first transacted busin		in Florida, if prior to registration) 502, F.S., to determine penalty liability)	-	
7.	2 South Biscayne Blvd, Suite 3760, M	ian	ni, FL 33131		
•	(Principal office	e ado	iress)		,
	2 South Biscayne Blvd, Suite 3760, N	lia	mì, FL 33131		
	(Current mailin	g ada	iress)		_
8.	Wholesale Sales			· ·	
	(Purpose(s) of corporation authorized in home state	or c	ountry to be carried out in state of Florida)		_
9.	Name and street address of Florida registered agent:	(P.	O. Box NOT acceptable)		
	Name: Incorp Services, Inc.				
Oi	ffice Address: 17888 67th Court North		<u> </u>	•	
	Loxahatchee		, Florida 33470		
	(City)		(Zip code)	•	

10.. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

Amber Ragland on behalf of Incorp Services, In (Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

1111

12. Names and business addresses of officers and/or directors:						
A. DIRECTORS	•					
Chairman: Alexandra Ingersoll						
Address: 2850 Barrett Lakes Blvd NW, Suite 500, Kennesaw, GA 3014	4					
Vice Chairman: Jacqueline Holland						
dress: 2850 Barrett Lakes Blvd NW, Suite 500, Kennesaw, GA 30144						
Director: Mattias Ingersoll						
Address: 2850 Barrett Lakes Blvd NW, Suite 500, Kennesaw, GA 3	0144					
Director:	— 7 8 ₹					
Address:	LAC B					
	25.					
B. OFFICERS	PH EE, F					
President: Alexandra Ingersoli	55					
Address: 2850 Barrett Lakes Blvd NW, Suite 500, Kennesaw, GA 30144	हिंस ८५					
Vice President:	·					
Address:						
Secretary: Mattias Ingersoll						
Address: 2850 Barrett Lakes Blvd NW, Suite 500, Kennesaw, GA 30144						
Treasurer: Jacqueline Holland						
Address: 2850 Barrett Lakes Blvd NW, Suite 500, Kennesaw, GA 30144						
NOTE: If necessary, you may attach an addendum to the application listing additional officers a	and/or directors.					
13.						
Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that	the facts stated herein					
are true and that he or she is aware that false information submitted in a document to the Department degree felony as provided for in s.817.155, F.S.	nent of State constitutes a					
14. Jacqueline Holland, Director/Treasurer	•					
(Typed or printed name and capacity of person signing application)						

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COMPASS NETWORKING INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTEENTH DAY OF APRIL, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COMPASS NETWORKING INC." WAS INCORPORATED ON THE TWENTY-FOURTH DAY OF MAY, A.D. 2007.

FILED

12 MAY IL PH 4: 05

SECRETARY OF STATE
TALLAHASSEE BENEFICE
TALLAHASSEE

4358301 8300

120431558

You may varify this certificate online

Jeffrey W. Builock, Secretary of State

AUTHENTY CATION: 9504314

DATE: 04-16-12

H12000130345 3