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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Compass Employee Service	ces, Inc.
Name of cor	poration - must include suffix
Dear Sir or Madam:	
	ation for Authorization to Transact Business in Florida," ood Standing" and check are submitted to register the ct business in Florida.
Please return all correspondence concerning th	is matter to the following:
Gordon M. Berger, Esg.	
	Name of Person
Ford & Harrison, LLP	
	irm/Company
271 17th St., NW, Suite 1900	
ZT Till Ot., NVV, Suite 1900	Address
AH4- OA 00000	
Atlanta, GA 30363	y/State and Zip code
·	, 2 a
gberger@fordharrison.com E-mail address: (to b	be used for future annual report notification)
For further information concerning this matter,	please call:
Gordon M. Berger at (4	904) 888-3861
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:	
□ \$70.00 Filing Fee □ \$78.75 Filing Fee Certificate of State	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(If name unavaila	•	ame adopted for the purpose of transacting business in I	Florida)	
2. <u>DE</u> (State or country)	under the law of which it is incorporated)	3. <u>46-424724</u>		
4. <u>12-04-13</u>		5. perpetual (Duration: Year corp. will cease to exist or "perpetual")		
6. <u>i</u>		ess in Florida, if prior to registration) 07.1502, F.S., to determine penalty liability)		
7. <u>10 Norden Pl</u>	ace, Suite #1, Norwalk, CT 068 (Principal office			,
10 Norden P	ace, Suite #1, Norwalk, CT 068 (Current mailing			
	pany.) of corporation authorized in home state of address of Florida registered agent:	or country to be carried out in state of Florida) (P.O. Box NOT acceptable)	14 JAN 15	SECRE
Name:	NRAI Services, Inc.			TARY OF STATE OF CORPORATIONS
Office Address:	1200 South Pine Island Road		AM II: 59	POR.
	Plantation (City)	, Florida 33324 (Zip code)	59	ATE
Having been nam designated in this further agree to c	application, I hereby accept the appo comply with the provisions of all statu	service of process for the above stated corporation ointment as registered agent and agree to act in the tes relative to the proper and complete performants of my position as registered agent. NRAI Services,	this capa nce of n	acity. I

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.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Daniel Mahar Chairman: 10 Norden Place, Suite #1, Norwalk, CT 06855 Philip Crosby Vice Chairman: 10 Norden Place, Suite #1, Norwalk, CT 06855 Address: Director: Address: Director: **B. OFFICERS Daniel Mahar** President: 10 Norden Place, Suite #1, Norwalk, CT 06855 Vice President: Address: Philip Crosby Secretary: 10 Norden Place, Suite #1, Norwalk, CT 06855 Philip Crosby Treasurer: 10 Norden Place, Suite #1, Norwalk, CT 06855 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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 of State constitutes a third degree felony as provided for in s.817.155, F.S. 14. Philip Crosby, Chief Financial Officer

(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 EMPLOYEE SERVICES, 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 SEVENTEENTH DAY OF

DECEMBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COMPASS EMPLOYEE SERVICES, INC." WAS INCORPORATED ON THE FOURTH DAY OF DECEMBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

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131435810

AUTHENTY CATION: 0989241

DATE: 12-17-13

You may verify this certificate online at corp.delaware.gov/authver.shtml