

F19000002144

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

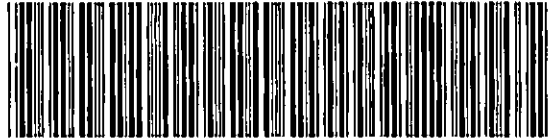
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/30/19--01002--015 **70.00

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APR 29 2019

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2019 APR 29 A 7:15
CLERK

COVER LETTER

TO: Registration Section
Division of Corporations
COMPASS RESTAURANT CONSULTING & RESEARCH, INC.

SUBJECT: _____
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:
STEPHEN CRICHLOW

Name of Person
COMPASS RESTAURANT CONSULTING & RESEARCH, INC.

Firm/Company
2295 GLENMOOR RD. S.

Address
CLEARWATER, FL 33764

City/State and Zip code
steve@compassrcr.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathy Crichlow 251 545-7766

Name of Person at () _____
Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration 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 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**

*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.*

COMPASS RESTAURANT CONSULTING & RESEARCH, INC.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

ALABAMA

36-4679396

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
MARCH 1, 2010

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
2295 GLENMOOR ROAD S.; CLEARWATER, FL 33764

7. _____
(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

STEPHEN CRICHLOW

Name: _____

2295 GLENMOOR RD. S.

Office Address: _____

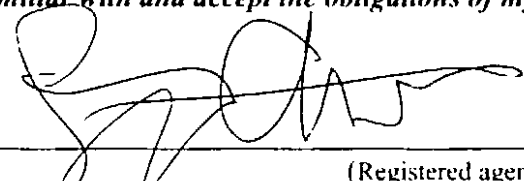
CLEARWATER

33764

_____, Florida _____
(City) (Zip code)

9. 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.*

X 

(Registered agent's signature)

10. 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.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

STEPHEN CRICHLOW

Chairman: _____

2295 GLENMOOR RD. S.

Address: _____

CLEARWATER, FL 33764

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

STEPHEN CRICHLOW

President: _____

2295 GLENMOOR RD. S.

Address: _____

CLEARWATER, FL 33764

Vice President: _____

Address: _____

KATHY CRICHLOW

Secretary: _____

2295 GLENMOOR RD. S.; CLEARWATER, FL 33764

Address: _____

KATHY CRICHLOW

Treasurer: _____

2295 GLENMOOR RD. S.; CLEARWATER, FL 33764

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

STEPHEN CRICHLOW, PRESIDENT

13. _____

(Typed or printed name and capacity of person signing application)

John H. Merrill
Secretary of State

P.O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Compass Restaurant Consulting & Research, Inc. was formed in Mobile County, Alabama on March 1, 2010. The Alabama Entity Identification number for this entity is 263-470. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.

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In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.



20190426000007372

04/26/2019

Date

J. H. Merrill

John H. Merrill

Secretary of State