

Division of Corporations

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L01000001169

Florida Department of State

Division of Corporations

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Division of Corporations
Fax Number : (850) 922-4003

From:

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DIVISION OF CORPORATIONS
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AL

LIMITED LIABILITY COMPANY

Compass Asset Management, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR
COMPASS ASSET MANAGEMENT, LLC
a Florida Limited Liability Company

ARTICLE I

The name of the Limited Liability Company is: Compass Asset Management, LLC.

ARTICLE II

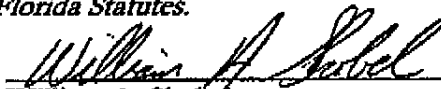
The mailing address and street address of the principal office of the Limited Liability Company is: 2655 North Ocean Drive, 3rd Floor, Singer Island, Florida 33404.

ARTICLE III

The name and the Florida street address of the registered agent is:

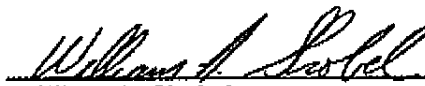
William A. Shobel
2655 North Ocean Drive
3rd Floor
Singer Island, Florida 33404

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

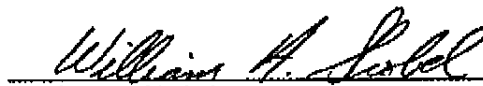

William A. Shobel

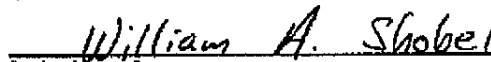
ARTICLE IV

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.


William A. Shobel

In accordance with Section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.


William A. Shobel


[Print Name]

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

COMPASS ASSET MANAGEMENT, LLC

2. The name and Florida street address of the registered agent and office are:

William A. Shobel
2655 North Ocean Drive
3rd Floor
Singer Island, Florida 33404

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Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.



William A. Shobel

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