

W4000067807

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

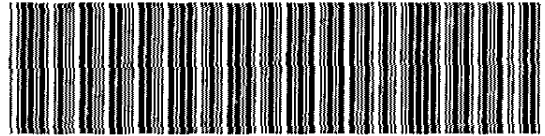
(Business Entity Name)

(Document Number)

Certified Copies 1 Certificates of Status       

Special Instructions to Filing Officer:

Office Use Only



800041014268

09/17/04--01058--019 \*\*155.00

FILED  
04 SEP 17 PM 1:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
04 SEP 17 PM 1:12  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: COMPASS REALTY. LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAMES V. ELLISON  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

8174 GLENMORE DRIVE  
(Address)

TALLAHASSEE FLORIDA 32312  
(City/State and Zip Code)

For further information concerning this matter, please call:

JAMES V. ELLISON at (850) 443 6444  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

COMPASS REALTY LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

8174 GLENMORE DRIVE  
TALLAHASSEE, FL 32312

Mailing Address:

SAME

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

JAMES V. ELLISON

Name

8174 GLENMORE DRIVE

Florida street address (P.O. Box NOT acceptable)

TALLAHASSEE FL 32312

City, State, and Zip

FILED  
04 SEP 17 PM 1:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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, F.S..

[Signature]  
Registered Agent's Signature

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

✓ "MGRM" = Managing Member

**Name and Address:**


MGRM

JAMES V. ELLISON  
8174 GLENMORE DRIVE  
TALLAHASSEE, FL 32312

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

  
Signature of a member or an authorized representative of a member.

(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.)

JAMES V. ELLISON

Typed or printed name of signee

**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)