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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DB

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Compass Insurance Agency, 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:

Damaris Pereira, Esq.  
(Name of Person)

Law Offices of Lisbet Campo, P.A.  
(Firm/Company)

10041 Bird Road  
(Address)

Miami, FL 33165  
(City/State and Zip Code)

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TALLAHASSEE FLORIDA

FILED

For further information concerning this matter, please call:

Damaris Pereira at ( 305 ) 229-9797  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 27, 2007

DAMARIS PEREIRA, ESQ.  
LAW OFFICES OF LISBET CAMPO, P.A.  
10041 BIRD ROAD  
MIAMI, FL 33165

SUBJECT: COMPASS INSURANCE AGENCY, LLC  
Ref. Number: W07000014951

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

07 APR 11 AM 10:27

PM 12:00

We have received your document for COMPASS INSURANCE AGENCY, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce  
Document Specialist

Letter Number: 407A00020714

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Compass Insurance Agency, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

**ARTICLE II - Address:**

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

**Principal Office Address:**

14221 SW 88 Street

#201, Bldg. C

Miami, FL 33186

**Mailing Address:**

P.O. Box 830604

Miami, FL 33283

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Lisbet Campo, Esq.

Name

10041 Bird Road

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

Miami, FL 33165

City, State, and Zip

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SECRETARY OF STATE  
ALLIANCE FLORIDA

5/11/11

*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..*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

**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

Leticia Hernandez

P. O. Box 830604

Miami, FL 33283

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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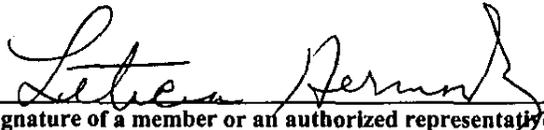
\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.)

Leticia Hernandez

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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FILED