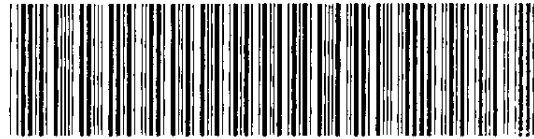


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05/15/09--01002--001 \*\*125.00

(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

EFFECTIVE DATE 5/7/09

B. KOHR

MAY 14 2009

EXAMINER

RECEIVED  
09 MAY 14 PM 2:44  
REGISTRATION STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
09 MAY 14 PM 3:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORP DIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

**FILING COVER SHEET**  
**ACCT. #FCA-14**

**CONTACT:**      KATIE WONSCH

**DATE:**            05/14/09

EFFECTIVE DATE 5/7/09

**REF. #:**            001554.104160

**CORP. NAME:**    COMPASS CONSTRUCTION TEAM, LLC

FILED  
09 MAY 14 PM 3:25  
TALLAHASSEE, FLORIDA STATE

- ARTICLES OF INCORPORATION       ARTICLES OF AMENDMENT       ARTICLES OF DISSOLUTION
- ANNUAL REPORT                       TRADEMARK/SERVICE MARK       FICTITIOUS NAME
- FOREIGN QUALIFICATION             LIMITED PARTNERSHIP               LIMITED LIABILITY
- REINSTATEMENT                       MERGER                                   WITHDRAWAL
- CERTIFICATE OF CANCELLATION
- OTHER:

**STATE FEES PREPAID WITH CHECK# 530210 FOR \$ 125.00**

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

\_\_\_\_\_ **COST LIMIT: \$** \_\_\_\_\_

**PLEASE RETURN:**

- CERTIFIED COPY                       CERTIFICATE OF GOOD STANDING               PLAIN STAMPED COPY
- CERTIFICATE OF STATUS

Examiner's Initials

EFFECTIVE DATE 5/7/09

ARTICLES OF ORGANIZATION  
FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I  
NAME

The name of the Limited Liability Company is: COMPASS CONSTRUCTION  
LLC

ARTICLE II  
ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is: 2152 14th Circle North, St. Petersburg, FL 33713.

ARTICLE III  
EFFECTIVE DATE

The Limited Liability Company shall be effective as of May 7, 2009.

ARTICLE IV  
REGISTERED AGENT, REGISTERED OFFICE,  
AND RESIDENT AGENT'S SIGNATURE

The name and the Florida street address of the registered agent are Victor W. Holcomb, Esquire, 201 N. Armenia Avenue, Tampa, Florida 33609.

*Having been named as registered agent and to accept service of process for the above-named 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 provision 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.*

  
\_\_\_\_\_  
Victor W. Holcomb, Esquire

IN WITNESS WHEREOF, the undersigned representative hereby acknowledges that, in accordance with Section 608.408(3), Florida Statutes, the execution of these Articles constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

  
\_\_\_\_\_  
Victor W. Holcomb, Esquire

FILED  
09 MAY 14 PM 3:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA