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To:

Division of Corporations

Fax Number : (850) 617-6383

From: Carrie Ramos, Paralegal please fax confirmation to 407 244-5690

Account Name ; GRAYROBINSON, P.A. - ORLANDO

Account Number : I20010000078

Phone

: (407)843-8880 Fax Number : (407)244-5690

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

FLORIDA LIMITED LIABILITY CO.

Compass Research North, LLC

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FEB = 4 2019

B. KOHR

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I Name

The name of this Limited Liability Company is:

Compass Research North, LLC

ARTICLE II Address

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

100 W. Gore Street, Suite 202 Orlando, FL 32806

ARTICLE III Management

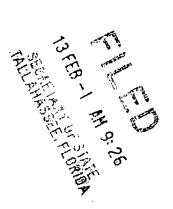
This Limited Liability Company is to be managed by one or more managers and is, therefore, a "manager-managed" limited liability company.

ARTICLE IV Initial Board of Managers

This Limited Liability Company shall have two (2) managers initially. The number of managers may be either increased or decreased from time to time in accordance with the Operating Agreement of this Limited Liability Company, but shall never be less than one.

The names and addresses of the initial managers of this Limited Liability Company are as follows:

Name	Street Address
Craig T. Curtis, M.D.	100 W. Gore Street, Suite 202 Orlando, FL 32806
Sean Stanton	100 W. Gore Street, Suite 202 Orlando, FL 32806



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ARTICLE V Registered Agent, Registered Office & Registered Agent's Signature

The name and the Florida street address of the Registered Agent of this Limited Liability Company is:

Joel Roberts c/o Gray Robinson, P.A. 301 East Pine Street, Suite 1400 Orlando, FL 32801

Having been appointed as registered agent to accept service of process for this limited liability company at the place so designated in these Articles of Organization, I hereby accept this appointment and agree to serve this Limited Liability Company in this capacity. I am familiar with and accept the obligations of my position as the registered agent for this Limited Liability Company, as provided for in Chapter 608, Ptorida Statutes.

REGISTERED AGENT'S SIGNATURE

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

SIGNATURE OF AUTHORIZED REPRESENTATIVE OF A MEMBER

Michael E. Neukamm

Type or printed name of Authorized Representative of a Member

FILING FEES:
\$100.00 Piling Fee for Articles of Organization
\$25,00 Designation of Registered Agent
\$30.00 Certified Copy (OPTIONAL)
\$5.00 Certificate of Status (OPTIONAL)