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SECTION OF SIME

COVER LETTER

TO:

Registration Section Division of Corporations

Compass Rose Designs 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:

Michael W. Casale Name of Person Compass Rose Designs LLC. Firm/Company 1582 39th Avenue Unit: A3 Address Vero Beach FL 32960 City/State and Zip Code phos@compassrosedesignsllc.com

E-mail address: (to be used for future annual report notification)

Michael W. Casale

Name of Person

For further information concerning this matter, please call:

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	ame:	
	Limited Liability Com	pany is:
Compass Rose Desi	igns LLC.	
(Must end with the words "Lim	ited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - A	Address:	
The mailing add	ress and street address of	of the principal office of the Limited Liability Company is:
Principal Office	Address:	Mailing Address:
1582 39th Avenue U	Init: A3	PO BOX 643854
Vero Beach, FL 3296	60	Vero Beach, FL 32964
The name and th	Michael W. Casale	of the registered agent are:
•		Name
	1582 39th Avenue Unit:	
	Florida	street address (P.O. Box NOT acceptable)
		street address (P.O. Box <u>NOT</u> acceptable)
	Florida	street address (P.O. Box <u>NOT</u> acceptable)

Page 1 of 2

(CONTINUED)

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SECRETARY OF STATE

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

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

"MGR" = Manager		Name and Address:
"MGRM" = Manag		
MGR		Michael W. Casale
	•	1582 39th Avenue Unit: A3
		Vero Beach, FL 32960
	-	
	-	
(Use attachment if	necessary)	
(Use attachment if	- 7	ote of filing: (OPTION
CLE V: Effective da	te, if other than the da	ate of filing: (OPTION). e specific and cannot be more than five busine
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CLE V: Effective date is list or 90 days after the REQUIRED SIGN (In accordance to the second constitute I am awar	nete, if other than the dated, the date must be the date of filing.) NATURE: Signature of a member of the date with section 608.40 are that any false information under the rethat any false information.	e specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be specifically and cannot be specific and c
CLE V: Effective date is list of or 90 days after the REQUIRED SIGN (In accordance) and awards a market in a marke	NATURE: Nature of a member of dance with section 608.40 is an affirmation under the re that any false information as a third degree felony as Michael W. Casale	ran authorized representative of a member. 18(3), Florida Statutes, the execution of this document e penalties of perjury that the facts stated herein are true. on submitted in a document to the Department of State

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)