

L14000049334

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

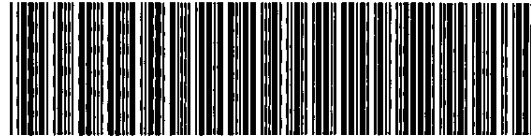
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/10/14--01046--023 **130.00

FILED
14 MAR 10 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE
3/7/14

MAR 26 2014

S. YOUNG

W14-15972

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Encompass, LLC

Neompass 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:

Sandor Szabo

Name of Person

Encompass, LLC

Firm/Company

4301 N. Ocean Blvd 301A

Address

Boca Raton, Florida 33431

City/State and Zip Code

ss.encompass@gmail.com

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

For further information concerning this matter, please call:

Sandor Szabo

Name of Person

at (919) 619-6214

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

FILED
14 MAR 10 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

4301 N. Ocean Blvd 301A
Boca Raton, FL 33431

4301 N. Ocean Blvd 301A
Boca Raton, FL 33431

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:

Sandor Szabo
Name
4301 N. Ocean Blvd 301A
Florida street address (P.O. Box **NOT** acceptable)
Boca Raton FL 33431
City Zip

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 605, F.S..

Sandor Szabo
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
14 MAR 10 4:11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Sandor Szabo

4301 N. Ocean Blvd 301A

Boca Raton, FL 33431

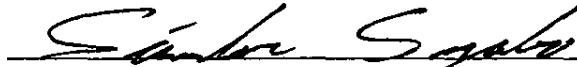
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 03/07/2014, (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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Sandor Szabo

Typed or printed name of signee

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)

FILED
14 MAR 10 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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~~Encompass, LLC~~ Ncompass LLC
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

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Principal Office Address:

Mailing Address:

4301 N. Ocean Blvd 301A
Boca Raton, FL 33431

4301 N. Ocean Blvd 301A
Boca Raton, FL 33431

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Sandor Szabo
Name

4301 N. Ocean Blvd 301A
Florida street address (P.O. Box NOT acceptable)

Boca Raton FL 33431
City Zip

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Sandor Szabo
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Title:

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"MGR" = Manager

MGR

Name and Address:

Sandor Szabo

4301 N. Ocean Blvd 301A

Boca Raton, FL 33431

(Use attachment if necessary)

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14 MAR 10 AM 11:21
TALLAHASSEE, FLORIDA
SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 14, 2014

SANDOR SZABO
4301 N OCEAN BLVD 301A
BOCA RATON, FL 33431

SUBJECT: ENCOMPASS, LLC
Ref. Number: W14000015972

FILED
14 MAR 10 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for ENCOMPASS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

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) 245-6051.

Shelia H Young
Regulatory Specialist II

Letter Number: 814A00005406

3/14/14

CORPORATE DETAIL RECORD SCREEN

3:23 PM

NUM: L11000110580 ST:FL ACTIVE/FL LIM LIAB FLD: 09/27/2011 EFF: 09/27/2011

TOTAL CONTR: 0.00

FEI#: NOT APPLICABLE

NAME : ENCOMPASS LLC

PRINCIPAL: 55 YACHT CLUB PLACE

ADDRESS TEQUESTA, FL 33469

RA NAME : STEVE, RACEY

RA ADDR : 55 YACHT CLUB PLACE

TEQUESTA, FL 33469 US

ANN REP :

(2012) W 03/28/12

(2013) W 04/30/13

3/14/14

MANAGER/MEMBER DETAIL SCREEN

3:23 PM

CORP NUMBER: L11000110580 CORP NAME: ENCOMPASS LLC

TITLE: MGR NAME: RACEY, MARIAN

4275 SCHOOLCRAFT RD

BELLAIRE, MI 49615

TITLE: MGR NAME: LOPASKY, KERRY

55 YACHT CLUB PLACE

TEQUESTA, FL 33469

TITLE: MGR NAME: RACEY, JAMES

4275 SCHOOLCRAFT RD

BELLAIRE, MI 49615

TITLE: MGR NAME: RACEY, STEVE

55 YACHT CLUB PLACE

TEQUESTA, FL 33469

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14 MAR 10 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA