

# L 15000034627

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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K. SALLY  
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FEB 25 2015

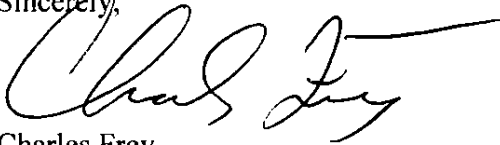
Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

February 11, 2015

Dear Clerk,

Please record the attached Articles of Organization for Compass Bi-Coastal, LLC.  
Thank You.

Sincerely,

A handwritten signature in black ink, appearing to read "Charles Frey". The signature is fluid and cursive, with a long horizontal stroke extending from the end.

Charles Frey  
7767 Casasia Court  
Orlando, FL 32835

Cell # (321)377-1361

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: COMPASS BI-COASTAL, 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:

CHARLES FREY  
Name of Person

COMPASS BI-COASTAL, LLC  
Firm/Company

7767 CASASIA COURT  
Address

ORLANDO, FL 32835  
City/State and Zip Code

ccf89056@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charles Frey at ( 321 ) 377-1361  
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

COMPASS BI-COASTAL, 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:

7767 CASASIA COURT  
ORLANDO, FL 32835

7767 CASASIA COURT  
ORLANDO, FL 32835

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:

CHARLES FREY

Name

7767 CASASIA COURT

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

ORLANDO

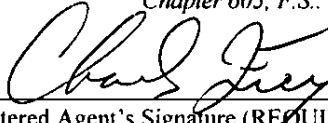
FL 32835

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..*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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:**

CHARLES FREY

7767 CASASIA COURT

ORLANDO, FL 32835

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TALLAHASSEE, FLORIDA

(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.)

**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.)

CHARLES FREY

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)**