

L 15000050856

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

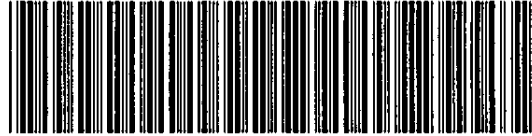
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/24/15--01029--025 **160.00

FILED
15 MAR -9 PM 1:59
MAR 24 2015
MAR 24 2015

J. Strivers MAR 24 2015

2545



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 5, 2015

CHARLES FREY
7767 CASASIA CT
ORLANDO, FL 32835

SUBJECT: COMPASS INTERNATIONAL ACCESS, LLC
Ref. Number: W15000015862

We have received your document for COMPASS INTERNATIONAL ACCESS, LLC and your check(s) totaling \$160.00. 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 administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 915A00004534

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: COMPASS INTERNATIONAL ACCESS, 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 INTERNATIONAL ACCESS, 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

Name of Person

at (321) 377-1361

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

Copy



1001 S. Ridgewood Avenue, Edgewater, FL 32132

March 11, 2015

Florida Department of State
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

Please be advised that Compass International Access, LLC, L14000096708, has no intention of reinstating the entity and we respectfully request that you release this name for use to another entity.

If you have any questions, please contact me at (321) 377-1361,

Sincerely,

A handwritten signature in black ink, appearing to read "Charles Frey". The signature is fluid and cursive.

Charles Frey
7767 Casasia Court
Orlando, FL 32835

FILED
15 MAR -9 PM 1:59
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE STATE OF FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

COMPASS INTERNATIONAL ACCESS, 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

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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

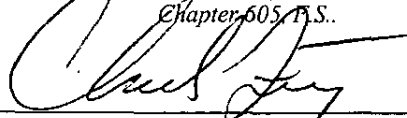
FL 32835

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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NOTARY PUBLIC
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

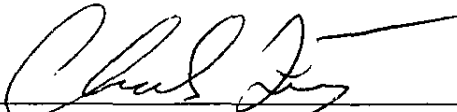
(Use attachment if necessary)

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)

15 MAR -9 PM 1:59
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA