

4/30/2020

Division of Corporation

Florida Department of State
Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000127181 3)))



H200001271813ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

****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.

Compres Law, PLLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

Handwritten signature and date: 5/1/2020

FILED

2020 APR 30 AM 11:04

2020 APR 30 PM 4:17

CLERK OF COURT
JUDICIAL
OFFICES

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**Articles of Organization of
FLORIDA PROFESSIONAL LIMITED LIABILITY COMPANY**

ARTICLE I

Name

The name of the Company is COMPRES LAW, PLLC.

ARTICLE II

Address

The mailing address and street address of the principal office of the Professional Limited Liability Company is: 725 N.E. 22ND ST Miami, Florida 33137

ARTICLE III

Purpose

The purpose of the Professional Limited Liability Company is to render legal services.

ARTICLE III

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

The name and the Florida street address of the registered agent are:

Corporate Creations Network Inc.
801 US Highway 1
North Palm Beach, FL 33408

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.



Ashley Goldsmith, Special Manager

Registered Agent's Signature (REQUIRED)

REQUIRED SIGNATURE:

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.

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.

FILED
2020 APR 30 AM 11:04
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

/s/ Tiffany N. Comprés
Tiffany N. Comprés, Esq.
Authorized Signatory

FILED
2020 APR 30 AM 11:04
CLERK OF DISTRICT COURT
HALL COUNTY, FLORIDA