

122000352881

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

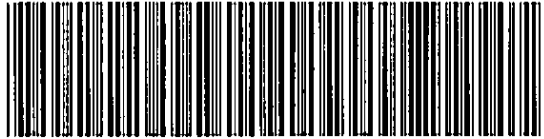
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

122000091950

Office Use Only



900390426289

[Handwritten signature]

07/05/22 --C1044--011 **160.00

FILED
2022 AUG 19 AM 6:23
SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2022 JUL -9 AM 11:43

July 19, 2022

MICHAEL VICTOR CHURCHWARD
1150 NE 26TH AVE
POMPANO BEACH, FL 33062

SUBJECT: COMPASS ROSE "LLC"
Ref. Number: W22000091950

We have received your document for COMPASS ROSE "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 existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is 291724.

Florida Statute 607.0401 states that a name that is different from the name of another entity or filing due to any of the following is not considered distinguishable: A suffix, A definite or indefinite article (A & The), The word "and" and the symbol "&" The singular, plural or possessive form.

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) 245-6052.

Karen Lovelace
Regulatory Specialist II

Letter Number: 222A00015605

FILED
2022 AUG -9 AM 6:23
STATE OF FLORIDA
TALLAHASSEE, FL

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: CAPTAIN'S COMPASS ROSE "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 Victor Churchward

Name of Person

CAPTAIN'S COMPASS ROSE "LLC"

Firm/Company

1150 NE 26th Ave

Address

Pompano Beach, FL 33062

City/State and Zip Code

MVC 1222 @ GMAIL.COM

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

For further information concerning this matter, please call:

Michael Victor Churchward

at

954

729 5421

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

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2022 AUG 19 AM 6:23
FILED
SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CAPTAIN'S COMPASS ROSE "LLC."

(Must contain 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:

1150 NE 26th Ave
Pompano Beach, FL 33062

Mailing Address:

1150 NE 26th Ave
Pompano Beach, FL 33062

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:

Michael Victor Churchward
Name

1150 NE 26th Ave
Florida street address (P.O. Box **NOT** acceptable)

<u>Pompano Beach</u>	<u>FL</u>	<u>33062</u>
City	State	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.

Michael Victor Churchward
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2022 AUG 9 AM 6:23
SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

"AMBR" "MGR"

Name and Address:

Michael Victor Churchward
1150 NE 26th Ave
Pompano Beach, FL 33062 (954) 729-5421

"AMBR"

Bonnie Lee MYERS
111 Brinv Ave.
Pompano Beach, FL 33062 (808) 801-5027

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

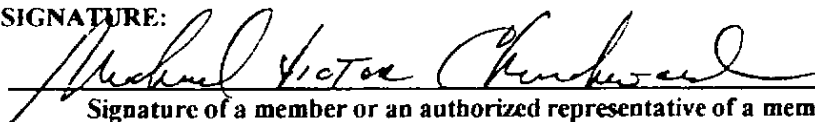
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

MEMBERSHIP IN ABOVE "LLC" NOW TRANSFERABLE

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.

Michael Victor Churchward

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)

SECRETARY OF STATE
TALLAHASSEE, FL

2022 AUG 19 AM 6:23

FILED