

27/23, 4.4E 9

((H23000036255 3)))

Division of Corporations

L23000036255 3))) 040500

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.

(((H23000036255 3)))



H23000036255AEC

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 : ORLANDO MAXTAX SOLUTION & ACCOUNTING SVC, INC
Account Number : I20200000138
Phone : (689)239-1510
Fax Number : (407)377-5785

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Orlandomaxtax@gmail.comFLORIDA LIMITED LIABILITY CO.
DIVERSE IN COMPASS, LIMITED LIABILITY COMPANY

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

2023 JAN 27 7 PM 4:58

FILED
2023 JAN 27 AM 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(((H23000036255 3)))

((H23 000036255 3)))

**ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

DIVERSE IN COMPASS, LIMITED LIABILITY COMPANY

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

ARTICLE II - Address:

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

MAILING ADDRESS: 4464 NW 74TH AVE, MIAMI FL 33166-644

PHYSICAL ADDRESS: 4464 NW 74TH AVE, MIAMI FL 33166-644


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:

**Orlando MaxTax Solutions & Accounting Svc. Inc
10244 E Colonial Dr. Ste 106
Orlando FL 32817**

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

FILED
2023 JAN 27 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(((H23000036255 3)))

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Owner: Diverse-In-Compass Limited

Trevor Sweeting – President / MGRM

Address: 4464 NW 74th Ave

Miami FL 33166-644

Nathaniel Butler – Vice President / MGRM

Address: 2419 Stonehaven Ct

W Orange Park, FL 32065

Additional Members

Ashley L Sweeting-Butler

Secretary / Treasurer

Address: 2419 Stonehaven Ct,

W Orange Park, FL 32065

ARTICLE V: Effective date, if other than the date of filing: 01-27-2023

(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.)



REQUIRED SIGNATURE:

A 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.)

Ashley L Sweeting-Butler

Typed or printed name of signee

(((H23000036255 3)))