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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

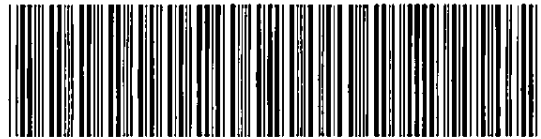
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer.

W24000162637 FE 12-11-24

Office Use Only



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12/05/24--01007--005 **150.00

2015 JUN -7 PM 4:00

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11:17

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Compass Travel LLC

(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

Jennifer Kon

(Contact Person)

Compass Travel LLC

(Firm/Company)

4182 Worth Ave. #I-115

(Address)

Columbus, OH43219

(City, State and Zip Code)

jen@compasstravelagency.com

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Jennifer Kon

at (614) 454-1442

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)

☒ \$150.00 Filing Fees
(\$25 for Conversion
& \$125 for Articles
of Organization)

☐ \$155.00 Filing Fees
and Certificate of
Status

☐ \$180.00 Filing Fees
and Certified Copy

☐ \$185.00 Filing Fees,
Certified Copy, and
Certificate of Status

Mailing Address:

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

Street Address:

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

Articles of Conversion
For
"Other Business Entity"
Into
Florida Limited Liability Company

The Articles of Conversion **and attached Articles of Organization** are submitted to convert the following **"Other Business Entity" into a Florida Limited Liability Company** in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
Compass Travel LLC

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a limited liability company
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of Ohio
(Enter state, or if a non-U.S. entity, the name of the country)

on 01/01/2021
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:
Compass Travel LLC

(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: January 1, 2025

(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after the date this document is filed by the Florida Department of State.)

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.

5. The plan of conversion has been approved in accordance with all applicable statutes.

6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 27th day of November 20

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative:

Jennifer Kon
Jennifer Kon (Nov 26, 2024 16:35 EST)

Printed Name: Jennifer Kon

Title: President

Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]

Signature:

Printed Name:

Title: President

Signature:

Printed Name:

Title:

Signature:

Printed Name:

Title:

Signature:

Printed Name:

Title:

Signature:

Printed Name:

Title:

Signature:

Printed Name:

Title:

If Florida Corporation:

Signature of Chairman, Vice Chairman, Director, or Officer.

If Directors or Officers have not been selected, an Incorporator must sign.

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

All others:

Signature of an authorized person.

Fees:

Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

2025 JAN - 1
STATE
FL

STATE
FL

2025 JAN - 7 PM 4:00

ED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Compass Travel 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:

2543 Gloriosa Dr.
Palm Harbor, FL 34684

Mailing Address:

2543 Gloriosa Dr.
Palm Harbor, FL 34684

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:

Jennifer Kon

Name

2543 Gloriosa Dr.

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

Palm Harbor

FL 34684

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..

Jennifer Kon

Jennifer Kon (Nov 26, 2024 16:35 EST)

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2024 NOV - 7 PM 4:00
STATE
OFFICE

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

Name and Address:

Jennifer Kon

2543 Gloriosa Dr.

Palm Harbor, FL 34684

(Use attachment if necessary)

ARTICLE V: Other provisions, if any.

REQUIRED SIGNATURE:

Jennifer Kon
Jennifer Kon (Nov 26, 2024 16:35 EST)

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.

Jennifer Kon

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)

**RESOLUTION OF THE SOLE MEMBER OF
COMPASS TRAVEL LLC
(An Ohio Limited Liability Company)**

WHEREAS, the sole member of Compass Travel LLC (the "Company"), an Ohio limited liability company, has determined that it is in the best interest of the Company to convert from an Ohio limited liability company to a Florida limited liability company under the laws of the State of Florida; and

WHEREAS, the member has reviewed and approved all necessary actions to effectuate this conversion, including compliance with Florida law, the filing of appropriate documents with the Florida Division of Corporations, and payment of all required fees; and

WHEREAS, the Company has obtained written consent from Compass Travel LLC, an existing Florida limited liability company, to use the name "Compass Travel LLC" for the converted Florida entity, and such consent is attached hereto;

NOW, THEREFORE, BE IT RESOLVED, that the Company shall take the following actions to effectuate the conversion:

1. The Company shall submit all required documents to the Florida Division of Corporations, including Articles of Conversion and Florida Articles of Organization for Compass Travel LLC.
2. The Company shall include a check in the amount of \$150.00 payable to the Florida Division of Corporations for filing fees.
3. The Company shall execute and file any additional documents required by the State of Ohio to acknowledge the conversion.
4. The conversion shall take effect on January 1, 2025.
5. The member authorizes any necessary actions to finalize the conversion and ensure compliance with all applicable laws and regulations.

APPROVED AND ADOPTED by the sole member of Compass Travel LLC this 26th day of November 2024.


Jennifer Kon
Jennifer Kon / Nov 26, 2024 1:54 EST

Jennifer Kon
Sole Member and President, Compass Travel LLC (an Ohio LLC)

AFFIDAVIT OF CONSENT
STATE OF FLORIDA
COUNTY OF Santa Rosa

BEFORE ME, the undersigned authority, personally appeared Luann Lamoureux, who, being first duly sworn, deposes and states as follows:

1. **Affiant Information:**

My name is Luann Lamoureux, and I am the owner of Compass Travel LLC (the "Company"), registered with the Florida Division of Corporations under Entity Document Number L21000396983.

2. **Consent to Use Name:**

The Company hereby gives consent to Jennifer Kon, residing at 2543 Gloriosa Dr., Palm Harbor, FL 34684, to use the name "Compass Travel LLC" for her business.

3. **Voluntary and Binding Consent:**

This consent is given voluntarily, and the Company has no objection to the use of the name as stated.

FURTHER AFFIANT SAYETH NAUGHT.

Executed this 23 day of November 2024.

Luann Lamoureux
Luann Lamoureux
Owner, Compass Travel LLC

NOTARY PUBLIC ACKNOWLEDGMENT

STATE OF FLORIDA
COUNTY OF Santa Rosa

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 23 day of November 2024, by Luann Lamoureux, as Owner of Compass Travel LLC, on behalf of the company.

☒ Personally Known OR ☐ Produced Identification

Type of Identification Produced: _____

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

Brendal L. Turley
Signature of Notary

Brendal L. Turley
Printed name of Notary

Notary Public, State of Florida

My Commission Expires: _____

Commission Number: _____



BRENDAL TURLEY
Commission # HH 081881
Expires March 9, 2025
Bonded Thru Budget Notary Services

2024 NOV 23 14:00
STATE OF FLORIDA