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	Division of Corporations Fax Number : (850)617-6383	Y OF	<b>₽</b>
From:	Account Name : C T CORPORATION SYSTEM		<u>ب</u>

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

Email Address:

### Foreign Limited Liability Company Compass Consulting Group LLC

		Name and Address of the Owner, where the Owner, which the
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#### COVER LETTER

TO:

Registration Section Division of Corporations

## SUBJECT: Compass Consulting Group LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Madeline G. M. Lovejoy
Name of Person
Fidelity National Financial, Înc.
Firin/Company
3210 El Camino Real Ste 200
Address
Irvine, CA 92602
City/State and Zip Code
madeline.gm.lovejoy@fnf.com

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

For further information concerning this matter, please call:

Madeline G. M. Lovejoy

949

255-9033

Name of Contact Person

Area Coo

Daytime Telephone Number

#### MAILING ADDRESS:

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

#### STREET ADDRESS:

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahussee, FL 32301

Enclosed is a check for the following amount:

■ \$125.00 Filing Fee

S130.00 Filing Fee & Certificate of Status

☐ \$155.00 Filing Fee & Certified Copy

☐ \$160.00 Filing Fee. Certificate of Status & Certified Copy

1.5

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

is name unavadable, enter alternate	name adopted	for the purpose of transacting business to Flor	ida The elternat	te name must juchide "Limit	ed Liability C	ompany,	" "L.L C," (	"LLC."	)
2. Delaware			35	9-3301472					
(Jurisdiction under the law of v	vhich foreign	finited liability company is organized)		(PE	t number, if a	ipplicabis	!)		
4						_			
	(Date (See s	first transacted business in Florida, if prior to r actions 605,0904 & 605,0905, F.S. to determin	emstration.) te ponalty liabili	ity)					
5. 4348 Southpoint Bi			6. 43	48 Southpoint Bl	vd Ste 4	00			
(Street Address of	-	(6)			g Address)		=	2	
Jacksonville, FL 32	2216	**************************************	Jac	cksonville, FL 32	216	· · · · · · · · · · · · · · · · · · ·	<u> </u>	=	-
				· · · · · · · · · · · · · · · · · · ·			<u>&gt; 70</u>	=	
7. Name and street addre	ss of Flor	ida registered agent: (P.O. Box	NOT acce	ptable)			IARY ASSE	7-	
Name:	CT Co	orporation System					mon.	<b>*</b>	
Office Address:	1200	South Pine Island Road		·			STA	څ	- m
	Planta	ation		, Florida 3332	4		즐겁	7	•
Having been named as ri designated in this applica- to comply with the provis	egistered utlon, I he sions of a	(City)  agent and to accept service of pereby accept the appointment as it statutes relative to the proper osition as registered agent.	registered	6.5 (2) the above stated lin agent and agree to	act in th	is cap	acity. I	furthe	r ugree
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Typed or printed name of signee



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "COMPASS CONSULTING GROUP LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF MAY, A.D. 2017.

6421917 8300

SR# 20173979962

You may verify this certificate online at corp.delaware.gov/authver.shtml

Japaney W. Business, Easterday of State

Authentication: 202598853

Date: 05-24-17