

m18000001721

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

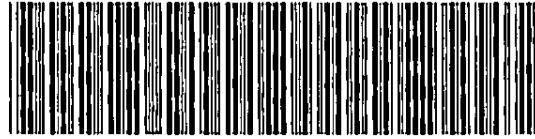
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

2/19/18
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18 FEB 19 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. WARREN

FEB 19 2018



February 16, 2018

VIA FED-EX

Florida Secretary of State
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**RE: Compass Logistics, LLC
Application for Authorization to Transact Business**

Dear Secretary:

The undersigned attorney represents the interests of Compass Logistics, LLC ("Compass"). Enclosed please find the Application for Authorization to Transact Business, Illinois Certificate of Good Standing for Compass, and check no.5211 in the amount of \$125.00 to satisfy the filing fees.

Finally, I am also enclosing a fed-ex return envelope. Please return the approved registration documents therein.

Regards,

COMPASS LOGISTICS, LLC

Arleesia L. McDonald – Gen. Csl.
15W580 N. Frontage Rd.
Burr Ridge, IL 60527
arleesia@compassholding.net
(630) 560-4890

ALM/mth
Encls.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: COMPASS LOGISTICS, 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:

ARLEESIA L. MCDONALD

Name of Person

COMPASS LOGISTICS, LLC

Firm/Company

15W580 N. FRONTAGE ROAD

Address

BURR RIDGE, ILLINOIS 60527

City/State and Zip Code

LEGAL@COMPASSHOLDING.NET

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

For further information concerning this matter, please call:

ARLEESIA L. MCDONALD

Name of Contact Person

at (**630**)

Area Code

560-4890

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
Tallahassee, FL 32301

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

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

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. COMPASS LOGISTICS, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

COMPASS LOGISTICS - FL, LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited
Liability Company," "L.L.C." or "LLC.")

2. ILLINOIS

(Jurisdiction under the law of which foreign limited liability
company is organized)

3. 82-2286798

(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 8514 NORTH STATE ROAD 13

LAKELAND, FL 33801

(Street Address of Principal Office)

6. 15W580 NORTH FRONTAGE ROAD, BURR RIDGE, IL 60527

ATTN: LEGAL DEPARTMENT

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Registered Agents Inc.

Office Address: 3030 N. Rocky Point Dr. STE 150A

Tampa

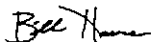
(City)

Florida 33607

(Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and
accept the obligations of my position as registered agent.



(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

COMPASS CAPITAL MANAGEMENT GROUP, LLC - MGR.

9700 MARTIN LUTHER KING, JR. STREET NORTH

ST. PETERSBURG, FL 33702

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the
jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath
of the translator must be submitted)


Signature of an authorized person

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.

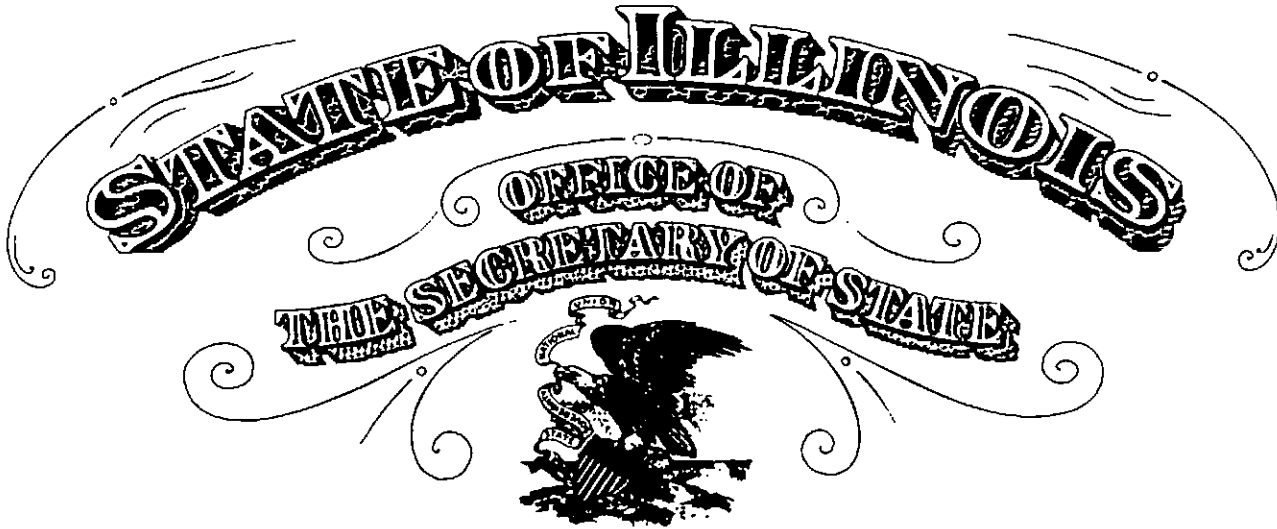
ARLEESIA L. MCDONALD

Typed or printed name of signee

FILED
18 FEB 19 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

File Number

0641586-5



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

COMPASS LOGISTICS LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JULY 26, 2017, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 13TH
day of FEBRUARY A.D. 2018 .***

Jesse White

SECRETARY OF STATE