

M190000004517

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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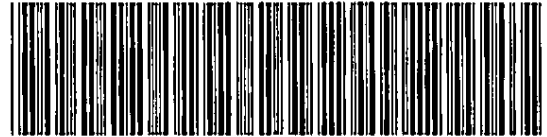
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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APR 29 2019

FILED
2019 APR 29 PM 4:40
TALLAHASSEE, FLORIDA

Y SCOTT

MAY - 8 2019

COVER LETTER

TO: Registration Section
Division of Corporations
Compass Recovery Group, LLC

SUBJECT: _____
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:
Brent Paradowski

Compass Recovery Group, LLC	Name of Person
3135 Walden Ave, Suite 4	Firm/Company
Depew, NY 14043	Address
bparadowski@compassrecoverygroup.com	City/State and Zip code
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

Brent Paradowski	716	398-4204
Name of Person	Area Code	Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

Compass Recovery Group, LLC

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
New York 82-2521125

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
9/8/17

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
3135 Walden Ave, Suite 4, Depew, NY 14043

7. _____
(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
REGISTERED AGENTS INC.

Name: _____
3030 N. Rocky Point Drive, STE 150A

Office Address: _____
Tampa 33607
_____, Florida _____
(City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Brent Paradowski

Chairman: 3135 Walden Ave, Suite 4

Address: Depew, NY 14043

Vice Chairman:

Address:

Brian Malczewski

Director: 3135 Walden Ave, Suite 4

Address: Depew, NY 14043

Director:

Address:

B. OFFICERS

Brent Paradowski

President: 3135 Walden Ave, Suite 4

Address: Depew, NY 14043

Vice President:

Address:

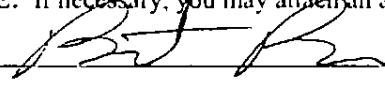
Secretary:

Address:

Treasurer:

Address:

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. 

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

Brent Paradowski, President

13. _____

(Typed or printed name and capacity of person signing application)

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NOTARIAL PUBLIC

State of New York
Department of State } ss:

I hereby certify, that COMPASS RECOVERY GROUP, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 09/08/2017, and that the Limited Liability Company is existing so far as shown by the records of the Department.



FILED
2019 APR 29 PM 4:40
TALLAHASSEE, FLORIDA

*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 18th day of April two
thousand and nineteen.*

A handwritten signature in cursive script, reading "Whitney Clark".

Whitney Clark
Deputy Secretary of State