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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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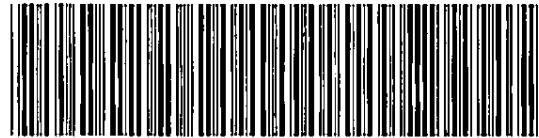
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2019 JUN 21 AM 11:46  
CLERK OF COURT  
TALLAHASSEE FLORIDA

D. BRUCE  
JUL 06 2019

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Compass Media 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:

Breann Scott

Name of Person

Compass Media LLC

Firm/Company

PO Box 3388

Address

Gulf Shores, AL 36547

City/State and Zip Code

hr@compassmedia.com

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

For further information concerning this matter, please call:

Breann Scott

251

967-7556

Name of Contact Person

at ( )

Area Code

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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**



\$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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2019 JUN 21 AM 11:46

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

Compass Media 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. Alabama 3. 81-4208368  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 06/02/2019  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability)

5. 175 Northshore Place PO Box 3388  
(Street Address of Principal Office) (Mailing Address)

Gulf Shores, AL 36542 Gulf Shores, AL 36547

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

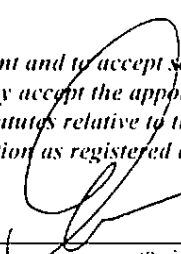
Name: Dustin Gontarski

Office Address: 10335 Gulf Beach Hwy #105

Pensacola 32507  
(City) (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)

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2019 JUN 21 AM 11:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

**Title or Capacity:** **Name and Address:**

☒ Manager Name: Dustin Comtarski

☐ Member Address: 175 Northshore Place

☒ Authorized Gulf Shores, AL 36542

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☒ Manager Name: Sandra Stevens

☐ Member Address: 175 Northshore Place

☒ Authorized Gulf Shores, AL 36542

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: Breann Scott

☐ Member Address: 175 Northshore Place

☒ Authorized Gulf Shores, AL 36542

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Title or Capacity:** **Name and Address:**

☐ Manager Name: John Balardo

☒ Member Address: 5750 New King Drive

☐ Authorized Ste 100

Person Troy, MI 48098

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: Stefan Wanczyk

☒ Member Address: 5750 New King Drive

☐ Authorized Ste 200

Person Troy, MI 48098

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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)

10. 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.

Breann Scott  
Signature of an authorized person

Breann Scott  
Typed or printed name of signer

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2019 JUN 21 AM 11:46  
STATE DEPT OF STATE  
TALLAHASSEE FLORIDA

John H. Merrill  
Secretary of State

P.O. Box 5616  
Montgomery, AL 36103-5616

# STATE OF ALABAMA

**I, John H. Merrill, Secretary of State of Alabama, having custody of the  
Great and Principal Seal of said State, do hereby certify that**

the entity records on file in this office disclose that Compass Media, LLC was  
formed in Baldwin County, Alabama on October 20, 2016. The Alabama Entity  
Identification number for this entity is 374-885. I further certify that the records do  
not disclose that said entity has been dissolved, cancelled or terminated.



20190617000019042

**In Testimony Whereof, I have hereunto set my  
hand and affixed the Great Seal of the State, at the  
Capitol, in the city of Montgomery, on this day.**

06/17/2019

Date

A handwritten signature in black ink, reading "J. H. Merrill".

John H. Merrill

Secretary of State