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10/31/2019



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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (514)280-3338 : (954)208-0845 Fax Number

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Foreign Limited Liability Company Compass AL GP LLC

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Certificate of Status	1
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To:

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

	TION 603,0902, FLORIDA STATUTES, THE FOL SINESS IN THE STATE OF FLORIDA:	LOWENG IS STEEMETED TO REGISTER.	A FOREIGN LLMITED LLABILITY
Compass AL G			
(Name of Fore	ign Limited Lability Company; must include "	Limited Liability Compuny, "L.L.C.,"	5FTLC.*)
(If name unavailable, enter alt Liability Company," "L.L.C."	ternate name adopted for the purpose of transactor "L.C.")	cting business in Florida. The alternate a	ame must include "Limited
, Delaware	3.		
(Jurisdiction under the low a company is organized)	nl which locaign limited liability	(FEI number, if applicab	le)
4,	(Unte first transacted business in Floris (See sections 605,0904 & 605,0905, F.S.	da, il prior to registration.) to determine genalty liability)	_
5. 4890 W. Kenne	edy Blvd., Suite 240		<del></del>
Tampa, FL 336			****
<sub>6.</sub> 4890 W. Kenne	Street Address of Principal O edy Blvd., Suite 240	ince)	
Tampa, FL 336	509		
	(Mailing Address)		
7. Name and street address	s of Florida registered agent: (P.O. Box.)	SOT acceptable)	
Name:	C T Corporation System	<del></del>	
Office Address:	1200 S. Pine Island Road		21
	Plantation	Florida 33324 (Zip code)	<u></u>
Registered agent's accep	(City)	(Zip cods)	· 5
Having been named as re designated in this applica- to complywith the provision	gistered agent and to accept service of prition, I hereby accept the appointment as it ons of all stauties relative to the proper at my position appointment.  (Kegistered agent	registered agent and agree to uct he nd complete performance of my dut	this enpucity. I further agree 🚎
8. The name, title or caps	icity and address of the person(s) who has	have authority to manage is/are	S S
	capacity as the President of Compass Al		ity as
the sole general partner	of Compass AL LP; 4890 W. Kennedy Bl	lvd., Suite 240, Tampa, FL 33609	Pater and an analysis of the second s
9. Attached is a certificate jurisdiction under the law of the translator must be sa	of existence, no more than 90 days of d, di of which it is organized. (If the certificate abmitted)	ally authenticated by the official havings in a foreign language, a translation	ing custody of records in the softhe certificate under oath
	Signific of au auth	ningsen bersen	<del></del>

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 fellows as provided for in s.\$17.155, F.S.

Joseph G. Lubeck, President

Typed or printed name of signee

## To

## Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COMPASS AL GP 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 FOURTEENTH DAY OF OCTOBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

7651972 8300 SR# 20197521777

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

Authentication: 203782781

Date: 10-14-19