

M23000015352

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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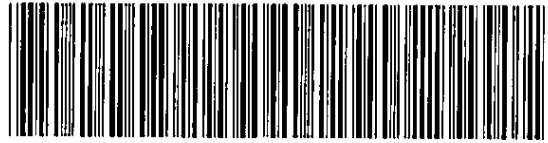
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/20/23--01003--014 **130.00

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NOV 17 2023

2023 NOV 17 PM 4:57

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: COMPASS FIRE INVESTIGATIONS AND CONSULTING, 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:

John A. Heinen

Name of Person

Compass Fire Investigations and Consulting, LLC

Firm/Company

624 Matthews Mint Hill Road, Suite 206

Address

Matthews, NC 28105

City/State and Zip Code

john@compassfire.biz

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

For further information concerning this matter, please call:

John A. Heinen

704

464-0944

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

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 FIRE INVESTIGATIONS AND CONSULTING, LLC

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

93-2637339

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

3. (FEI number, if applicable)

4. Not doing business in FL prior to registering

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

5. 476 Riverside Ave

(Street Address of Principal Office)

Jacksonville, FL 32202

6. 624 Matthews Mint Hill Road

(Mailing Address)

Suite 206

Matthews, NC 28105

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

Name: United States Corporation Agents, Inc.

Office Address: 476 Riverside Ave.

Jacksonville

(City)

, Florida

32202

(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.

 Cheyenne Moseley, Asst.

Secretary on behalf of United States Corporation Agents, Inc.

(Registered agent's signature)

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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: John A. Heinen

☒ Member Address: 624 Matthews Mint-Hill Road

☐ Authorized Suite 206

Person Matthews, NC 28105

☐ Other _____ ☐ Other _____

☐ Manager Name: n/a

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: n/a

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

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

☐ Manager Name: n/a

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: n/a

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: n/a

☐ Member Address: _____

☐ Authorized _____

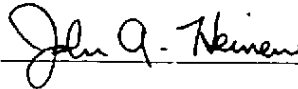
Person _____

☐ 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.

 _____
Signature of an authorized person

John A. Heinen



NORTH CAROLINA

Department of the Secretary of State

CERTIFICATE OF EXISTENCE

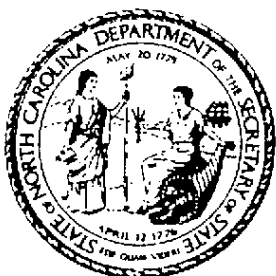
(Long Form)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

COMPASS FIRE INVESTIGATIONS AND CONSULTING, LLC

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been organized on 31st day of July, 2023, under the name Perpetual, under the name Compass Fire Investigations and Consulting, LLC and that the following documents have been filed since that date:

<u>Date</u>	<u>Event</u>	<u>Filed Document</u>
7/31/2023	Creation Filing	Articles of Organization Limited Liability



Scan to verify online.

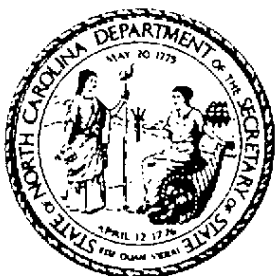
IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 7th day of September, 2023.

Elaine F. Marshall

Secretary of State

I, FURTHER certify that no record is found of other Company documents having been filed since the 31st day of July, 2023

I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company is not dissolved under the terms of its articles of organization, (ii) the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 7th day of September, 2023.

Elaine J. Marshall

Secretary of State