

N13000003513

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

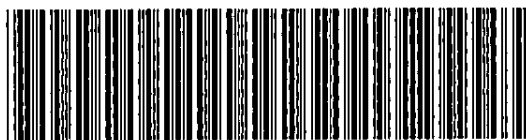
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900246540729

04/11/13--01016--007 **78.75

FILED
13 APR 11 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
4/12/13

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Compass Education Center Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Cassandra Griggs-Frierson
Name (Printed or typed)

5809 Legacy Crescent Place, Unit 301
Address

Riverview, Florida 33578
City, State & Zip

(813)784-5284
Daytime Telephone number

cassandragriggs@hotmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

FILED

13 APR 11 PM 1:28

ARTICLE I NAME

The name of the corporation shall be: Compass Education Center Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
5809 Legacy Crescent Place, Unit 301
Riverview, Florida 33578

Mailing address, if different is _____
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: exclusively for educational purposes, including
, for such purposes, the instruction or training of individuals for the purposes
of improving or developing their capabilities.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: _____
Selection, voting and appointment.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Lester Wheeler II

Address: 5809 Legacy Crescent Place, Unit 301
Riverview, Florida 33578

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Cassandra Griggs-Frierson/President

Address: 5809 Legacy Crescent Place, Unit 301
Riverview, Florida 33578

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Required Signature of Registered Agent

4/3/13
Date

I submit this document and affirm that the facts stated herein are true. 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.

Required Signature of Incorporator

4/8/13
Date