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COVER LETTER

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

SUBJECT: CompassBlue Foundation Incorporated

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original a	nd one (1) copy of the Ar	ticles 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 CO	ADDITIONAL COPY REQUIRED	

FROM:	Rose Harr
	Name (Printed or typed)
	202 West Drive
	Address
	Melbourne, FL 32904
	City, State & Zip
	231-779-0224
	Daytime Telephone number
	rose@blueware.net

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)

ARTICLE I The name of t	he corporation shall be: CompassB	lue Foundation IN Corporated	<u> </u>	
ARTICLE I	I PRINCIPAL OFFICE	•		
202	Principal <u>street</u> address: 2 West Drive	Mailing address, if different is:		
Me	elbourne, FL 32904			
	for which the corporation is organized is:	CompassBlue Foundation, a not-for- charitable efforts of the BlueWare G		
		lished Michigan-based corporation t		
	y headquartered in Melbo			
The fou	ndation will include variou	is programs that benefit the arts,		
women,	veterans, and more.			37
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ARTICLE I	V MANNER OF ELECTION The	manner in which the directors are elected and appointed:	- 59	
The CEO	will appoint directors.			nghi -
ARTICLE	V INITIAL OFFICERS AND/OR I	<u>DIRECTORS</u>		According
Name and Tit	le: Rose Harr, President	Name and Title:	Ü	egaryti gant vga vga
	202 West Drive	Address:		
	Melbourne, FL 32904			
Name and Tit	_{le:} Kaitlin Welliver, VP	Name and Title:		
Address	202 West Drive	Address:		
	Melbourne, FL 32904			
Name and Tit	le:	Name and Title:		
Address				

Name and Title:	·	Name and Title:	
Address		Address:	
- -			
Name and Title:		_ Name and Title:	
Address _			
-			
ARTICLE VI The name and F	REGISTERED AGENT lorida street address (P.O. Box NOT acc	reptable) of the registered agent is:	
Name:	Rose Harr		
Address:	202 West Drive		
	Melbourne, FL 32904		
ARTICLE VII	INCORPORATOR ddress of the Incorporator is:		
Name:	Cathy Allen		
Address:	P.O. Box 110003		
Address.	Palm Bay, FL 32911		
certificate, I arg	med as registered agent to accept servic [amiliar with and accept the appointment	e of process for the above stated corpo as registered agent and agree to act in t	ration at the place designated in this this capacity
The state of the s	re M. Harr		06 Feb 2015
1	Required Signature of Registere	d Agent	Date
I submit this doc to the Departmen	rument and affirm that the facts stated he nt of State constitutes a third degree felon	rein are true. I am aware that any false y as provided for in s.817.155, F.S.	information submitted in a document
	Catholic .		06 Feb 2015
	Required Signature of Inco	orporator	Date