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03 JAN 21 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT: COMPASS FINANCIAL SERVICES, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 of
Status

ADDITIONAL COPY REQUIRED

FROM: PAMELA CARLILE
Name (Printed or typed)

PO Box 638
Address

SCOTTSMOOR, FL 32775
City, State & Zip

(321) 268-9036
Daytime Telephone number

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

03 JAN 24 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

COMPASS FINANCIAL SERVICES, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

PO Box 638
SCOTTSMOOR, FL 32775

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ACCOUNTING / FINANCIAL CONSULTING

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

PAMELA CARLILE
6600 CG RANCH LN
SCOTTSMOOR, FL 32775

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

PAMELA CARLILE
PO Box 632
SCOTTSMOOR, FL 32775

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

Pamela J Carlile
Signature/Registered Agent

1/18/03
Date

Pamela J Carlile
Signature/Incorporator

1/18/03
Date