

PO5000074756

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

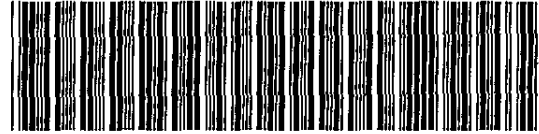
(Business Entity Name)

(Document Number)

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05 MAY 23 AM 10:03
J. Shivers

J. Shivers MAY 24 2005
05/24/05 2:27:55

TRANSMITTAL LETTER

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

SUBJECT: COMPASS ADMINSTRATIVE SOLUTIONS SERVICES (CASS), 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: FULLER & COMPANY, P.A.

Name (Printed or typed)

PO BOX 231

Address

ODESSA FLORIDA 33556

City, State & Zip

813-926-0775

Daytime Telephone number

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAY 23 AM 10:03

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)

ARTICLE I NAME

The name of the corporation shall be:

COMPASS ADMINISTRATIVE SOLUTION SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

PO BOX 26413
TAMPA FLORIDA 33623

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL PURPOSES, INCLUDING BUT NOT LIMITED TO, PROVIDING INNOVATIVE AND EFFICIENT ADMINISTRATIVE SOLUTIONS FOR BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

MICHAEL TIPPIN
10501 CHILMARK WAY
TAMPA FLORIDA 33626

ARTICLE VI REGISTERED AGENT

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

MICHAEL W. FULLER
16502 N DALE MABRY HIGHWAY
TAMPA FLORIDA 33618

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

FULLER & COMPANY P.A.
PO BOX 231
ODESSA FLORIDA 33556

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



Signature/Registered Agent

5/18/05

Date



Signature/Incorporator

5/18/05

Date

05 MAY 23 AM 10:03

CLERK
SECRETARY OF STATE
DIVISION OF CORPORATIONS