

P110000008040

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

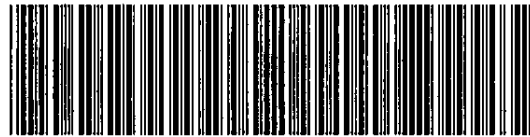
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500191843865

01/20/11--01004--028 ,**87.50

11 JAN 20 PM 3:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

APPROVED
AND
FILED

12/1

COVER LETTER

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

SUBJECT: **COMPASS MANAGEMENT SOLUTIONS, 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: **WILLIAM D. HIGGINBOTHAM, JR.**
Name (Printed or typed)

9123 CHERRY TRACE
Address

SEMINOLE, FL 33777
City, State & Zip

727-954-0857
Daytime Telephone number

wdhiggin@bellsouth.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 607 and/or Chapter 621, F.S. (Profit)

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be:

COMPASS MANAGEMENT SOLUTIONS, INC.

11 JAN 20 PM 3:42

ARTICLE II PRINCIPAL OFFICE

Principal street address

9123 CHERRY TRACE
SEMINOLE, FL 33777

Mailing address, if different

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MANAGEMENT CONSULTING, EXECUTIVE RECRUITMENT, AND MANAGEMENT SERVICES
AS NECESSARY.

ARTICLE IV SHARES

The number of shares of stock is: 2,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DONA L. HUNT, PRESIDENT

Address: 9123 CHERRY TRACE
SEMINOLE, FL 33777

Name and Title: _____

Address: _____

Name and Title: W. D. HIGGINBOTHAM, JR.

Address: VICE PRESIDENT
9123 CHERRY TRACE
SEMINOLE, FL 33777

Name and Title: _____

Address: _____

Name and Title: W. D. HIGGINBOTHAM, JR.

Address: SECRETARY/TREASURER
9123 CHERRY TRACE
SEMINOLE, FL 33777

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: W. D. HIGGINBOTHAM, JR.

Address: 9123 CHERRY TRACE
SEMINOLE, FL 33777

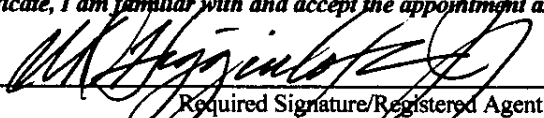
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: W. D. HIGGINBOTHAM, JR.

Address: 9123 CHERRY TRACE
SEMINOLE, FL 33777

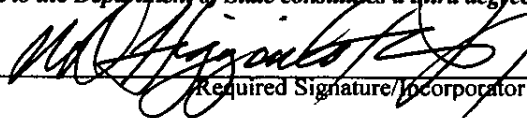
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

January 14, 2011

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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/Incorporator

January 14, 2011

Date