

P12000076414

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

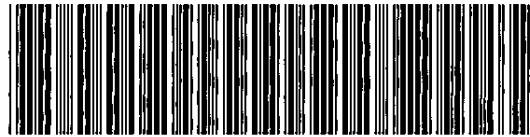
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

ADDED CORPORATE SUFFIX  
PER TELEPHONE CONVERSATION  
WITH VALERIE JEUNE.

K 09/07/12

Office Use Only



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FILED  
12 SEP -6 PM 2:29  
TALLAHASSEE, FLORIDA

K 09/07/12

## COVER LETTER

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

# 6527

**SUBJECT:** Compass Staffing Solutions

(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:** Valerie Jeune

Name (Printed or typed)

16635 NE 19 ave

Address

Miami, FL 33162

City, State & Zip

888-611-0001

Daytime Telephone number

info@compasshh.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 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

Compass Staffing Solutions, Inc.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
16635 NE 19 ave  
Miami, FL 33162

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
All legal and lawful purposes

**ARTICLE IV SHARES**

The number of shares of stock is: 10,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

|                                      |                       |
|--------------------------------------|-----------------------|
| Name and Title: <u>Valerie Jeune</u> | Name and Title: _____ |
| Address: <u>16635 NE 19 ave</u>      | Address: _____        |
| <u>Miami, FL 33162</u>               | _____                 |
| _____                                | _____                 |
| 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: Valerie Jeune  
Address: 16635 NE 19 ave  
Miami, FL 33162

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Valerie Jeune  
Address: 16635 NE 19 ave  
Miami, FL 33162

*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

8/20/2012  
\_\_\_\_\_  
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

8/20/2012  
\_\_\_\_\_  
Date

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA  
12 SEP -6 PM 2:29