

P14 000056570

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

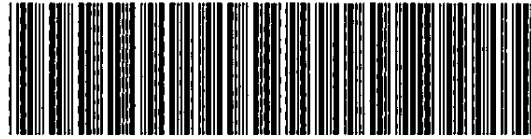
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JUN 26 PM 2:34

FOC

7/1/14

COVER LETTER

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

SUBJECT: Compass Bay Associates, 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

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Karen M. Ginter
Name (Printed or typed)
8304 Ginger Lily Court
Address
Naples FL 34113
City, State & Zip
Cell - 508-237-3563
Daytime Telephone number
Karenbrett@comcast.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)

ARTICLE I NAME

The name of the corporation shall be: Compass Bay Associates, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8304 Ginger Lily Court
Naples, FL 34113

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: provide consulting services
and the transaction of any or all
lawful related business activity in
the State of Florida.

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ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Brett A. Ginter - President Name and Title: _____

Address 8304 Ginger Lily Ct. Address: _____
Naples, FL
34113

Name and Title: Karen M. Ginter - Vice President Name and Title: _____

Address 8304 Ginger Lily Ct. Address: _____
Naples, FL 34113

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: Karen M. Ginter
 Address: 8304 Ginger Lily Ct.
Naples, FL 34113

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Karen M. Ginter
 Address: 8304 Ginger Lily Ct.
Naples, FL 34113

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

Karen M. Ginter 6/22/14
 Required Signature/Registered Agent 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.

Karen M. Ginter 6/22/14
 Required Signature/Incorporator Date