

P14 000056570

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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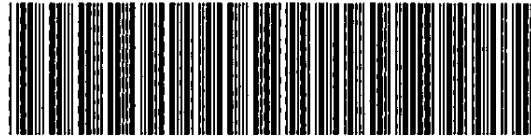
(Business Entity Name)

(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
<b>ADDITIONAL COPY REQUIRED</b>	

**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