

P20000091643

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

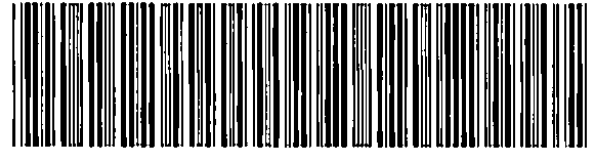
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2020 NOV 30 PM 2:16

2020 NOV 30 PM 3:21



Department of State

Division of Corporations

Stealth Courier LLC

1531 Commonwealth Business Dr.

Ste 105

Tallahassee, Fl. 32303

850-294-5632

Stealth Courier Box

Company: Compass Global Corp.

Requester: Corp Services Int.



Department of State

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COVER LETTER

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

SUBJECT: KOMPASS LOGISTICS CO

(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 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: COMPASS GLOBAL CORP

Name (Printed or typed)

21218 SAINT ANDREWS BLVD. #304.

Address

BOCA RATON FL 33433

City, State & Zip

561 403 9084

Daytime Telephone number

OPERATIONS@COMPASSGLOBALCORP.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

The name of the corporation shall be: KOMPASS LOGISTICS CO

ARTICLE II PRINCIPAL OFFICE

Principal street address

21218 SAINT ANDREWS BLVD. #304.

BOCA RATON FL 33433

Mailing address, if different is:

21218 SAINT ANDREWS BLVD. #

BOCA RATON FL 33433

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

INTL LOGISTICS & PROCUREMENT OF COMMERCIAL, INDUSTRIAL & OFFICE
EQUIPMENT, GOODS & SUPPLIES

ARTICLE IV SHARES

The number of shares of stock is: 100,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

MARTINEZ, JUAN C /

Name and Title: PRESIDENT

21218 SAINT ANDREWS BLVD.

Address #304.

BOCA RATON FL 33433

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

2010 NOV 30 PM 3:21

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: ED MORA
Address: 21218 SAIN ANDREWS BLVD. #304.
BOCA RATON FL 33433

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MARC RAFFE
Address: 21218 SAIN ANDREWS BLVD. #304.
BOCA RATON FL 33433

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

NOVEMBER 26, 2020
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

NOVEMBER 26, 2020
Date