

# P21000022874

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

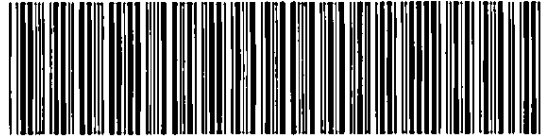
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FL

FILED



**Department of State**

**Division of Corporations**

**Date: 03/15/2021**

**American Expediting (Stealth Courier)**

**1531 Commonwealth Business Dr.**

**Ste 105**

**Tallahassee, Fl. 32303**

**850-294-5632**

## **Stealth Courier Box**

## **Amendment**

**Company: Jarvis Logistics Co**

**Requester: Compass Global Corp**

**13035973**

## COVER LETTER

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

**SUBJECT:** JARVIS 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

<input 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:** COMPASS GLOBAL CORP  
Name (Printed or typed)

21218 SAINT ANDREWS BLVD. #304.  
Address

BOCA RATON FL 33433  
City, State & Zip

561 388 0375  
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: JARVIS LOGISTICS CO

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

7000 W PALMETTO PARK ROAD.

SUITE #210.

BOCA RATON FL 33433

Mailing address, if different is:

21218 SAINT ANDREWS BLVD.

#304.

BOCA RATON FL 33433

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: \_\_\_\_\_

INTL CONSULTING, LOGISTICS & PROCUREMENT OF EQUIPMENT, GOODS, SERVICES  
& SUPPLIES FOR IT & TELECOM ENTERPRISES.

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

Name and Title: \_\_\_\_\_

Address 21218 SAINT ANDREWS BLVD.

Address: \_\_\_\_\_

#304.

BOCA RATON FL 33433

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

2021 MAR 15 AM 8:54  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

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 SAINT ANDREWS BLVD. #304.  
BOCA RATON FL 33433

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TALLAHASSEE, FL

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

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

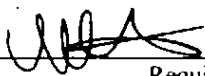
**ARTICLE VIII EFFECTIVE DATE:**

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.

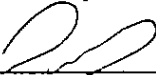
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



\_\_\_\_\_  
Required Signature/Registered Agent

MARCH 14, 2021  
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

MARCH 14, 2021  
Date