P21000022886

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PICK-UP WAIT MAIL
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03/15/21--01037--010 **70.00

2021 MAR 15 FM F 25

2021 MAR 15 AH 9: 52 SECRETARY OF STATE



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: Orion Consulting Intl 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: OF	RION CONSULTING INTL CO)	
-	(PROPOSED CORPORA	FE NAME – <u>MUST INCLI</u>	UDE SUFFIX)
Enclosed are an o	original and one (1) copy of the arti	cles of incorporation and	l a check for:
⊠ \$70.00 Filing Fed		□ \$78.75 Filing Fee & Certified Copy	& Certificate o Status
		ADDITIONAL CO	PY REQUIRED
FROM:	COMPASS GLOBAL CORP Name	(Printed or typed)	
-	21218 SAINT ANDREWS B	LVD. #304. Address	
	BOCA RATON FL 33433	Address	
-	City,	State & Zip	.
-	561 388 0375	elephone number	
_	OPERATIONS@COMPASSGLOE		otification)
	E-mail address: (to be used	i for future annual report n	ouncation)

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 1 NAME The name of the corporation shall be: ORION CO	NSULTING INTL 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.
ARTICLE III PURPOSE	BOCA RATOR 11 33433
	PROCUREMENT OF EQUIPMENT, GOODS, SERVICES IT & TELECOM ENTERPRISES.
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	\$ 23
	TO PER TI
	ितुः विकास अगाउँ प्राच्या । व्याप्त विकास — व्याप्त विकास —
ARTICLE IV SHARES The number of shares of stock is: 100,000	AM 9: 52 STATE ASSEE, FL
ARTICLE V INITIAL OFFICERS AND/OR DIR MARTINEZ, JUAN Name and Title: PRESIDENT	<u>ECTORS</u>
Address 21218 SAINT ANDR	
#304.	
BOCA RATON FL 3	33433
Name and Title:	Name and Title:
Address	Address:
Name and Title:	Name and Title:
Address	Address:

Name an	d Title:	Name and Title:	
Address	<u> </u>	Address:	
. •			
	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) of the	he registered agent is:	
Name:	ED MORA	ne registered agent is.	
Address:	21218 SAINT ANDREWS BLVD.	#304.	200 SE
	BOCA RATON FL 33433		2021 HAR 15 AM 9: 52 SECRETARY OF STATE TALLAHASSEE, FL
			Z 5
ARTICLE VII	<u>INCORPORATOR</u>		AM 9: 52 Y OF STAT (SSEE, FL
The <u>name and a</u>	Idress of the Incorporator is:		E ST 9
Name:	MARC RAFFE		ATE
Address:	21218 SAINT ANDREWS BLVD.	#304.	
	BOCA RATON FL 33433		
ADTICLEUM	DEFECTIVE DATE		
Effective date, if	EFFECTIVE DATE: other than the date of filing:	(OPTIONAL)	
(If an effective d filing.)	late is listed, the date must be specific and cannot	be more than five days price	or or 90 days after the
-	inserted in this block does not meet the applicable st	tatutory filing requirements	this date will not be listed:
	ffective date on the Department of State's records.	and the second s	
Having been nan	ned as registered agent to accept service of process for	the above stated corporation	at the place designated in t
	amiliar with and accept the appointment as registered		
	Required Signature/Registered Agent		MARCH 14, 202
	Required Signature/Registered Agent		Date
	rument and affirm that the facts stated herein are tr Department of State constitutes a third degree felony o		
iocument to the	Department of State constitutes a intra aegree Jelony (us provincu jor in 8.017.133, i	
			MARCH 14,2021