

# P21000026568

(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

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2021 MAR 25 AM 9:58  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

## COVER LETTER

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

**SUBJECT:** SQUAREONE TECH 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      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      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

561 388 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)

FILED

ARTICLE I NAME

The name of the corporation shall be: SQUAREONE TECH CO

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ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

301 YAMATO ROAD.

SUITE #1240.

BOCA RATON FL 33431

SECRETARY OF STATE  
TALLAHASSEE, FL

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

GONZALEZ ELCURE,

Name and Title: SAMUEL E / PRESIDENT

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

Address 301 YAMATO ROAD.

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

SUITE #1240.

BOCA RATON FL 33431

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

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

Address \_\_\_\_\_

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

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

**ARTICLE VII INCORPORATOR**

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

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

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TALLAHASSEE, FL

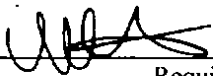
**ARTICLE VIII EFFECTIVE DATE:**

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.

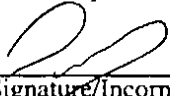
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



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

MARCH 24, 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 24, 2021  
Date