

**P22000032696**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : CAPITOL SERVICES, INC.  
Account Number : I20160000017  
Phone : (855)498-5500  
Fax Number : (800)432-3622

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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CORPORATIONS  
COMMERCIAL  
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**FLORIDA PROFIT/NON PROFIT CORPORATION  
COMPASS IMMO USA CORP**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

**\*\*\*PLEASE PROVIDE  
THE ORIGINAL  
SUBMISSION DATE OF  
4/28/22**

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**T. SCOTT**

**MAY - 3 2022**

850-617-6381

5/2/2022 9:43:59 AM PAGE 1/001 Fax Server



May 2, 2022

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CAPITOL SERVICES, INC.

SUBJECT: COMPASS IMMO USA CORP  
REF: W22000056761

\*\*\*PLEASE PROVIDE THE ORIGINAL  
SUBMISSION DATE OF 4/28/22\*\*\*

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

You have submitted the document and fees to form a Florida limited liability company; however, your name implies you wish to form a corporation. The name of a limited liability company cannot contain a corporate suffix. Corp., Corporation, Company, Co., Incorporated, and Inc. are all corporate suffixes. The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC."

Please correct the suffix or, if you wish to form a corporation, submit Articles of Incorporation. Any fees previously submitted with your limited liability company filing will be applied to your corporate filing.

If you have any further questions concerning your document, please call (850) 245-6052.

Summer Chatham  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H22000154676  
Letter Number: 922A00010089

DocuSign Envelope ID: 6711BD8D-7A1E-44A9-8510-F00D24DFAA00

## COVER LETTER

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

Compass Immo USA Corp

**SUBJECT:** \_\_\_\_\_  
(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:** \_\_\_\_\_  
Fabio Giallanza  
Name (Printed or typed)

\_\_\_\_\_  
Weiss Serota Helfman Cole & Bierman  
Address

\_\_\_\_\_  
2800 Ponce de Leon Blvd, Suite 1200, Coral Gables, FL - 33134  
City, State & Zip

\_\_\_\_\_  
305- 854-0800  
Daytime Telephone number

\_\_\_\_\_  
frui@wsh-law.com  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

DocuSign Envelope ID: 6711BDBD-7A1E-44A9-8510-F00D24DFAA00

**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 Immo USA Corp

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

2155 Coral Way Miami FL, 33137

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any and all lawful business.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Franck Labouffie- Director

Name and Title: Martin Raymond, Director

Address 650 NE 32ND ST. UNIT 4603  
MIAMI, FL 33137

Address: 800 boul. René-Lévesque Ouest, 26e étage,  
Montréal -(Québec) H3B 1X9 CANADA

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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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: Capitol Corporate Services, Inc.  
Address: 515 E Park Avenue Floor 2  
Tallahassee, FL 32301

**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:

Name: Fabio Giallanza  
Address: 2800 Ponce de Leon Blvd, Suite 1200, Coral Gables, FL - 33134  
\_\_\_\_\_

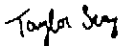
**ARTICLE VIII EFFECTIVE DATE:**

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*



Taylor Seay, Asst. Sec. on  
behalf of Capitol Corporate Services, Inc.

Required Signature/Registered Agent

05/02/2022

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.*

DocuSigned by:



Required Signature/Incorporator

05/02/2022

Date