

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 : LAMADRID FINANCIAL SERVICES CORP
Account Number : I20200000059
Phone : (954)727-9771
Fax Number : (954)727-9773

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

Email Address: diana@lamadridfinancial.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
COMPASS PCO GROUP CORP**

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

2025 FEB 24 PM 6:19

RECEIVED

2025 FEB 24 PM 4:09

STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

Electronic Filing Menu

Corporate Filing Menu

Help

<H25000070409 3>

115

<H250000704093>

COVER LETTER

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

SUBJECT: COMPASS PCO GROUP CORP
(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: JOHN JAIME GUTIERREZ SANCHEZ
Name (Printed or typed)

1201 FAIRLAKE BLVD APT 2801
Address

WESTON, FL 33326
City, State & Zip

954-513-5133
Daytime Telephone number

jmahecha.lopez@gmail.com
E-mail address: (to be used for future annual report notification)

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

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2025 FEB 24 PM 6:19

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: COMPASS PCO GROUP CORP**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address1201 FAIRLAKE BLVD APT 2801
WESTON, FL 33326

Mailing address, if different is:

1201 FAIRLAKE BLVD APT 2801
WESTON, FL 33326**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: 1000 SHARES OF US \$1.00 PAR VALUE EACH**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: JONATHAN D MAHECHA LOZANOName and Title: PRESIDENTAddress: 1156 NW 171ST TERRACE
PEMBROKE PINES, FL 33028

Address: _____

Name and Title: JOHN J GUTIERREZ SANCHEZName and Title: VICE PRESIDENTAddress: 1201 FAIRLAKE BLVD APT 2801
WESTON, FL 33326

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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2025 FEB 24 PM 6:19

<H25000070409 3>

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: LAMADRID FINANCIAL SERVICES CORP
Address: 1265 S PINE ISLAND RD
PLANTATION, FL 33324

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: JOHN J GUTIERREZ SANCHEZ
Address: 1201 FAIRLAKE BLVD APT 2801
WESTON, FL 33326

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: 02/24/2025 (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

ALEXIS LAMADRID

Required Signature/Registered Agent

02/24/2025

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.

JOHN J GUTIERREZ SANCHEZ
Required Signature/IncorporatorJohn J Gutierrez Sanchez02/24/2025
Date

<H25000070409 3>

025 FEB 24 PM 6:19