Florida Department of State Dission of Corporate Electronic Is fing Corporate

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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 a lamodina (inancial com

FLORIDA PROFIT/NON PROFIT CORPORATION COMPASS PCO GROUP CORP

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

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Corporate Filing Menu

Help

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COVER LETTER,

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

SUBJECT: COMPASS PCO GROUP CORP (PROPOSED CORPORA	TE NAME – <u>MUST INCLU</u>	IDE SUFFIX)
Enclosed are an original and one (1) copy of the ar	ticles of incorporation and	a check for:
□ \$70.00 □ \$78.75 Filing Fee Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
	ADDITIONAL CO	PY REQUIRED
	ne (Printed or typed)	
4004 ENDLAKE BLVD ART 280	11	
1201 FAIRLAKE BLVD APT 280	Address	
WESTON, FL 33326		
WESTON, FL 33326 Ciry	Address y, State & Zip	
WESTON, FL 33326 Ciry	Address	. 1

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

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ARTICLES OF INCORPORATION

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

	CIPAL OFFICE Principal street address	Mailing add	ress, if different is:
201 FAIRLAKE BLVO APT 2801		1201 FAIRLAKE BLVD APT 2801 WESTON, FL 33326	
ESTON, FL 33328		WESTON, 12 OODES	
RTICLE III PURI te purpose for which	the corporation is organized is: ANY AND	ALL LAWFUL BUSINE	ss
RTICLE IV SHA	RES of stock is: 1000 SHARES OF US \$1.00	POR VALUE EACH	
he number of shares	of stock is: 1000 of IARES of Color		
	TAL OFFICERS AND/OR DIRECTORS		
	IAL OFFICERS AND/OR DIRECTORS itle: JONATHAN D MAHECHA LOZANO	Name and Title: PRESI	DENT
		Name and Title: PRESI Address:	DENT
Name and T	tie: JONATHAN D MAHECHA LOZANO		DENT
Name and T	1156 NW 171ST TERRACE		DENT
Name and Ti Address	1156 NW 171ST TERRACE		
Name and Ti Address	1156 NW 171ST TERRACE PEMBROKE PINES, FL 33028	Address:	
Name and Ti	1156 NW 171ST TERRACE PEMBROKE PINES, FL 33028 11: JOHN J GUTIERREZ SANCHEZ	Address: Name and Title: VICE P	
Name and Ti	1156 NW 171ST TERRACE PEMBROKE PINES, FL 33028 116: JOHN J GUTIERREZ SANCHEZ 1201 FAIRLAKE BLVD APT 2801	Address: Name and Title: VICE P	RESIDENT
Name and Ti Address Name and Ti Address	1156 NW 171ST TERRACE PEMBROKE PINES, FL 33028 1156 NW 171ST TERRACE PEMBROKE PINES, FL 33028 1156 NW 171ST TERRACE PEMBROKE PINES, FL 33028 1201 FAIRLAKE BLVD APT 2801 WESTON, FL 33326	Address: Name and Title: VICE P Address:	RESIDENT 2025
Name and Ti Address Name and Ti Address	1156 NW 171ST TERRACE PEMBROKE PINES, FL 33028 116: JOHN J GUTIERREZ SANCHEZ 1201 FAIRLAKE BLVD APT 2801 WESTON, FL 33326	Address: Name and Title: VICE P Address: Name and Title:	RESIDENT 2025 F18 2
Name and Ti Address Name and Ti Address	1156 NW 171ST TERRACE PEMBROKE PINES, FL 33028 1156 NW 171ST TERRACE PEMBROKE PINES, FL 33028 1156 NW 171ST TERRACE PEMBROKE PINES, FL 33028 1201 FAIRLAKE BLVD APT 2801 WESTON, FL 33326	Address: Name and Title: VICE P Address:	RESIDENT 2025 FEB 24
Name and Ti Address Name and Ti Address	1156 NW 171ST TERRACE PEMBROKE PINES, FL 33028 116: JOHN J GUTIERREZ SANCHEZ 1201 FAIRLAKE BLVD APT 2801 WESTON, FL 33326	Address: Name and Title: VICE P Address: Name and Title:	RESIDENT 2025 F18 2

< H25000070409 3>

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: LAMADRID FINANCIAL SERVICES CORP 1265 S PINE ISLAND RD PLANTATION, FL 33324 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: JOHN J GUTIERREZ SANCHEZ Address: 1201 FAIRLAKE BLVD APT 2801 WESTON, FL 33326	Name and	Title:	Name and Title:
The pame 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 INCORPORATOR The 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 list the document's effective date on the Department of State's records. Having been named as registered agent of process for the above stated corporation at the place designated 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 J submit this document and affirm that the facts stated herein are true. I am aware that the false information submitt document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. JOHN J GUTIERREZ SANCHEZ JOHN J GUTIERREZ SANCHEZ O2/24/2025	Address		Address:
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	ubmit this docu cument to the D	epartment of State constitutes a third degree felony	y as provided for in \$.817.133, r.s.
Required Signature/Incorporator			
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