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Electronic Filing Cover Sheet

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TO:

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

From:

Account Name Account Number	C T CORPORATION FCA00000023	SYSTEM
Phone Fax Number	(850)222-1092 (850)878-5368	

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

Email Address:\_

FOREIGN PROFIT/NONPROFIT CORPORATION

TMG Services, Inc.

Certificate of Status	0
Curtified Copy	0
Page Count	05
Estimated Charge	\$70.00

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6/2/2011

## COVER LETTER

TO: New Filing Section **Division of Corporations** 

# SUBJECT: TMG Services, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

### Beth Campbell-Maddaluno

Name of Person

Frantz Ward LLP

Firm/Company

2500 Key Center; 127 Public Square

Address

Cleveland, Ohio 44114-1230

City/State and Zip code

bmaddaluno@frantzward.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Beth Maddaluno

Name of Person

at (216) 515-1411 Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

### MAILING ADDRESS:

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

Enclosed is a check for the following amount:

570.00 Filing Fee

S78.75 Filing Fee & Certificate of Status

578.75 Filing Fee & Certified Copy

\$87.50 Filing Fee, Certificate of Status & Certified Copy

### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

#### IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. TMG Services, Inc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc.," "Co," or "Corp.")

Nevada		3	-50 -	<b>.</b>
State or country	under the law of which it is incorporated)	(FEI number, if applicable)	Eë J	
9/8/2004		5. Perpetual		
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual	- (22) N	
			m.	in:
		ess in Florida, if prior to registration) 07.1502, F.S., to determine penalty liability)		
AA Oliver Stree	t, Suite 1, St. Albans, WVA. 25177	arrisoz, r.a., w weierritite pennky hubility	-ORIC STAT	
	(Principal office	- udrienze)	<b>D</b> <u>H</u> S	
10 Oliver Press	Suits 1, St. Albans, WVA 25177		•	
40 Oliver Street	Current mailing	n address)		
	(Canoni manit	s and only		
information teol	mology, general contractors and construct	ion management		
(Purpose(	s) of corporation authorized in home state	or country to be carried out in state of Florida)		
Name and stre	at address of Florida registered agent:	(P.O. Box NOT acceptable)		
	C T Corporation System	· · ·		
Name:				
Name:	1200 South Pine Island Road			

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

C T Corporation System By:

11. Attached is a certificate of existence duly authentidated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and business addresses of officers and/or directors:

# A. DIRECTORS Chairman: Nicole S. Perkins

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

Address: 240 Oliver Street, Suite 1
SL Albans, WVA 25177
Vice Chairman: Linda Frazier
Address: 240 Oliver Street, Suite 1
St. Albans, WVA 25177
Director: Nicole S. Perkins
Address: 240 Oliver Street, Suite 1
St. Albans, WVA 25177
Director, Linda Frazier
240 Oliver Streat, Suite 1
St. Albans, WVA 25177
B. OFFICERS
President: Linda Frazier
Address: 240 Oliver Street, Suite 1
St. Albans, WVA 25177
Vice President: N/A
Address:
Secretary: Linda Frazier
Address: 240 Oliver Street, Suite 1, St. Albans, WVA 25177
Treasurer: Nicole S. Perkhis
Address: 240 Oliver Street, Suite 1, SL Albans, WVA 25177
NOTE: If necessary, you may attach an addigidum to the application listing additional officers and/or directors.
13. Chinty Purchas
Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes

third degree felony as provided for in s.817.155, F.S.

14. Nicole Perkins, CEO

(Typed or printed name and capacity of person signing application)

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