

F13000003973

(Requestor's Name)



(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 SEP 18 PM 2:43

8/22

W13-46915

## COVER LETTER

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

**SUBJECT:** TMCSales-Insurance, Corp.

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:

Johnnie L Thornton

Name of Person

TMCSales-Insurance, Corp.

Firm/Company

180 Big Ben Drive

Address

Daytona Beach, Florida 32117

City/State and Zip code

insurance@tmcsales.com

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

For further information concerning this matter, please call:

JL Thornton

Name of Person

at ( 386 ) 846-8931

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:

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 22, 2013

JOHNNIE L THORNTON  
180 BIG BEN DR  
DAYTONA BEACH, FL 32117

SUBJECT: TMC-INSURANCE.COM, INC.  
Ref. Number: W13000046915

RECEIVED  
13 SEP 13 AM 11:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for TMC-INSURANCE.COM, INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Jessica A Fason  
Regulatory Specialist II

Letter Number: 313A00020124

**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. **TMCSales-Insurance, Corp.**

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

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **Delaware** 3. **46-3142219**

(State or country under the law of which it is incorporated)

(FEI number, if applicable)

4. **7/9/2013**

(Date of incorporation)

5. **perpetual**

(Duration: Year corp. will cease to exist or "perpetual")

6. \_\_\_\_\_

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **180 Big Ben Drive, Daytona Beach, Florida 32117**

(Principal office address)

**180 Big Ben Drive, Daytona Beach, Florida 32117**

(Current mailing address)

8. **Insurance Agent**

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: **JL Thornton**

Office Address: **180 Big Ben Drive**

**Daytona Beach, Florida 32117**

(City)

(Zip code)

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.*



(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, 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.

13 SEP 19 PM 2:43

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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

**A. DIRECTORS**

Chairman: Johnnie L Thornton

Address: 180 Big Ben Drive  
Daytona Beach, Florida 32117

Vice Chairman: Johnnie L Thornton

Address: 180 Big Ben Drive  
Daytona Beach, Florida 32117

Director: Johnnie L Thornton

Address: 180 Big Ben Drive  
Daytona Beach, Florida 32117

Director: Johnnie L Thornton

Address: 180 Big Ben Drive  
Daytona Beach, Florida 32117

**B. OFFICERS**

President: Johnnie L Thornton

Address: 180 Big Ben Drive  
Daytona Beach, Florida 32117

Vice President: Johnnie L Thornton

Address: 180 Big Ben Drive  
Daytona Beach, Florida 32117

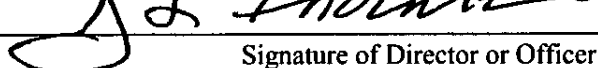
Secretary: Johnnie L Thornton

Address: 180 Big Ben Drive, Daytona Beach, Florida 32117

Treasurer: Johnnie L Thornton

Address: 180 Big Ben Drive, Daytona Beach, Florida 32117

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

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

14. JL Thornton - President

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

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REGISTRATION

# Delaware

PAGE 1

*The First State*

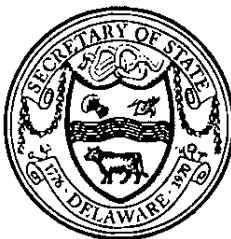
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "TMC-INSURANCE.COM, INC.", CHANGING ITS NAME FROM "TMC-INSURANCE.COM, INC." TO "TMCSALES-INSURANCE, CORP.", FILED IN THIS OFFICE ON THE TWENTY-EIGHTH DAY OF AUGUST, A.D. 2013, AT 12 O'CLOCK P.M.

A FILED COPY OF THIS CERTIFICATE HAS BEEN FORWARDED TO THE NEW CASTLE COUNTY RECORDER OF DEEDS.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 SEP 18 PM 2:44

5363309 8100

131036941



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 0707271

DATE: 09-03-13

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 12:00 PM 08/28/2013  
FILED 12:00 PM 08/28/2013  
SRV 131036941 - 5363309 FILE

**STATE OF DELAWARE  
CERTIFICATE OF AMENDMENT  
OF CERTIFICATE OF INCORPORATION**

The corporation organized and existing under and by virtue of the General Corporation Law of the State of Delaware does hereby certify:

**FIRST:** That at a meeting of the Board of Directors of

TMC-Insurance.com, Inc.

resolutions were duly adopted setting forth a proposed amendment of the Certificate of Incorporation of said corporation, declaring said amendment to be advisable and calling a meeting of the stockholders of said corporation for consideration thereof. The resolution setting forth the proposed amendment is as follows:


**RESOLVED**, that the Certificate of Incorporation of this corporation be amended by changing the Article thereof numbered "First" so that, as amended, said Article shall be and read as follows:

TMCSales-Insurance, Corp.

**SECOND:** That thereafter, pursuant to resolution of its Board of Directors, a special meeting of the stockholders of said corporation was duly called and held upon notice in accordance with Section 222 of the General Corporation Law of the State of Delaware at which meeting the necessary number of shares as required by statute were voted in favor of the amendment.

**THIRD:** That said amendment was duly adopted in accordance with the provisions of Section 242 of the General Corporation Law of the State of Delaware.

**IN WITNESS WHEREOF**, said corporation has caused this certificate to be signed this 23rd day of August, 2013.

By:   
Authorized Officer  
Title: President

Name: Johnnie L Thornton  
Print or Type



# State of Delaware

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 898  
DOVER, DELAWARE 19903

131036941

9427889  
JL THORNTON  
180 BIG BEN DRIVE  
DAYTONA BEACH

FL 32117

09-03-2013

ATTN: JL THORNTON

DESCRIPTION	AMOUNT
TMCSALES-INSURANCE, CORP.	
5363309 0240 Amendment; Domestic	
Amendment Fee	30.00
Receiving/Indexing	115.00
Certification Fee	50.00
Data Entry Fee	5.00
Court Municipality Fee, Wilm.	20.00
Surcharge Assessment-New Castle	6.00
Page Assessment-New Castle Count	18.00
FILING TOTAL	244.00
TOTAL PAYMENTS	244.00
SERVICE REQUEST BALANCE	.00