

F13000004479

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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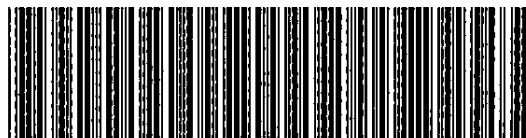
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MD 10/16

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: The Compass Group, 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:

Linda Burlingame

Name of Person

The Compass Group, Inc.

Firm/Company

1512 S. Heaton St.

Address

Knox, IN 46534

City/State and Zip code

linda@gocompassgroup.com

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

For further information concerning this matter, please call:

Linda Burlingame

Name of Person

at (773) 485-1205

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

**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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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1. **The Compass Group, Inc.**

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

TCG Insurance Solutions, Inc.

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

2. **Indiana**

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

3. **32-0303489**

(FEI number, if applicable)

4. **3-1-2010**

(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. **1512 S. Heaton St., Knox, IN 46534**

(Principal office address)

1512 S. Heaton St., Knox, IN 46534

(Current mailing address)

8. **Professional Liability Insurance Wholesaler and Program Administrator**

(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: Gary Dittman (c/o The Compass Group, Inc)

Office Address: 17595 S. Tamiami Tr., Ste. 265

Ft. Myers

(City)

, Florida 33908

(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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Gary Dittman

Address: 3330 Shady Bend

Fort Myers, FL 33905

Director: Gene Ladd

Address: 5790 S. CR 210

Knox, IN 46534

B. OFFICERS

President: Gary Dittman

Address: 3330 Shady Bend

Fort Myers, FL 33905

Vice President: Janelle Taylor

Address: 5774 Riverside Dr.

Cape Coral, FL 33904

Secretary: (and C.O.O.) Gene Ladd

Address: 5790 S. CR 210, Knox, IN 46534

Treasurer: Gene Ladd

Address: 5790 S. CR 210, Knox, IN 46534

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

13. Gary R. Dittman

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. Gary Dittman

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF INDIANA
OFFICE OF THE SECRETARY OF STATE
CERTIFICATE OF EXISTENCE

FILED
13 OCT 15 PM 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To Whom These Presents Come, Greetings:

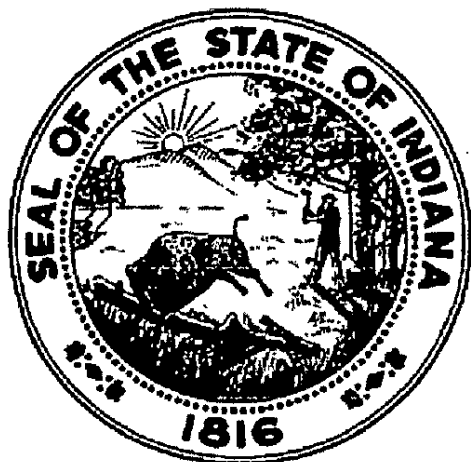
I, Connie Lawson, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

THE COMPASS GROUP, INC.

duly filed the requisite documents to commence business activities under the laws of State of Indiana on March 01, 2010, and was in existence or authorized to transact business in the State of Indiana on October 01, 2013.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this First Day of October, 2013.

Connie Lawson

Connie Lawson, Secretary of State

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