

# F19000000844

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.  
Account Number : I20160000017  
Phone : (855) 498-5500  
Fax Number : (800) 432-3622

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

Email Address: \_\_\_\_\_

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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
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## FOREIGN PROFIT/NONPROFIT CORPORATION PERFORMANCE SERVICES, INC.

**\*\*\*PLEASE PROVIDE  
THE ORIGINAL  
SUBMISSION DATE  
OF 2/14/18\*\*\***

Certificate of Status	0
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February 15, 2019

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CAPITOL SERVICES, INC.

SUBJECT: PERFORMANCE SERVICES, INC.  
REF: W19000014855

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SUBMISSION DATE OF 2/14/18\*\*\*\*

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Dionne M Scott  
Regulatory Specialist II

FAX Aud. #: H19000052861  
Letter Number: 919A00003294

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Performance 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:

Russell M. Webb III

Name of Person

Performance Services, Inc.

Firm/Company

4670 Haven Point Blvd., Suite 200

Address

Indianapolis, Indiana 46280

City/State and Zip code

rwebb@performanceservices.com

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

For further information concerning this matter, please call:

Russell M. Webb III

713-1750

Name of Person

at (317)

Area Code

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration 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:

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

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

2. Indiana 3. 35-2047928  
 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. May 19, 2008 5. \_\_\_\_\_  
 (Date of incorporation) (Date of duration, if other than perpetual)

6. Not Applicable.  
 (Date first transacted business in Florida, if prior to registration)  
 (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 4670 Haven Point Blvd., Suite 200, Indianapolis, Indiana 46280  
 (Principal office address)

(Current mailing address, if different)

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

Name: Capitol Corporate Services, Inc.  
 Office Address: 515 E Park Ave Floor 2  
 Tallahassee, Florida 32301  
 (City) (Zip code)

## 9. 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.

Kim Tadlock

Kim Tadlock, Asst. Sec. on behalf  
 of Capitol Corporate Services, Inc.

(Registered agent's signature)

10. 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.

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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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## 11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Timothy P. Thoman

Address: 4670 Haven Point Blvd., Suite 200.

Indianapolis, Indiana 46280

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Timothy P. Thoman

Address: 4670 Haven Point Blvd., Suite 200.

Indianapolis, Indiana 46280

Vice President: Scott Zigmund

Address: 4670 Haven Point Blvd., Suite 200

Indianapolis, Indiana 46280

Secretary: Russell M. Webb III

Address: 4670 Haven Point Blvd., Suite 200, Indianapolis, Indiana 46280

Treasurer: Timothy P. Thoman

Address: 4670 Haven Point Blvd., Suite 200, Indianapolis, Indiana 46280

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

12.  \_\_\_\_\_  
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. Russell M. Webb III, Secretary

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

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

**State of Indiana  
Office of the Secretary of State**

**CERTIFICATE OF EXISTENCE**

To Whom These Presents Come, Greeting:

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 the proper official to execute this certificate.

I further certify that records of this office disclose that

**PERFORMANCE SERVICES, INC.**

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on May 19, 1998, and was in existence and authorized to transact business in the State of Indiana on February 14, 2019.

I further certify this Domestic For-Profit 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. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, February 14, 2019

*Connie Lawson*

CONNIE LAWSON  
SECRETARY OF STATE

1998051314 / 2019884264

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on March 16, 2019.