F22000001355

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Na	me)
(Docu	ment Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fili	ing Officer:	-

Office Use Only



000382623090

S. ROBERTS MAR - 7 2022



115-N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Account#: 120000000088

Date: March 07, 2022	<u>'</u>
Name: KEN	
Reference #:15693	889
Entity Name:	THOMCOMP, INC.
	uthorization to Transact Business
Amendment	
☐ Change of Agent	YOUTURE CALL
Reinstatement	ISSUES? CALL KEN:
Conversion	518-213-0738
☐ Merger	
Dissolution/Withdrawal	
Fictitious Name	
✓ Other	** CERTIFIED COPY UPON FILING **
A district of American	470.75
Authorized Amount:	\$78.75
Signature:	

COVER LETTER

TO:	Registration Sec Division of Corp					
SUBJECT:THOMCOMP, INC.						
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u></u>	Name of c	corporation -	must include suffix		
Dear S	Sir or Madam:					
"Certi	ficate of Existence	on by Foreign Corpo e," or "Certificate of a corporation to tran	Good Stand	Authorization to Transac ling" and check are subt s in Florida.	t Business in Florida." mitted to register the	
Please	return all corresp	ondence concerning	this matter	to the following:		
			Name of P	erson		
			Firm/Comp	pany		
			Addre	SS		
		(City/State an	d Zip code		
		E-mail address: (to be used fo	or future annual report n	otitication)	
For fu	rther information	concerning this matt	ter, please ca	all:		
		at	(
	Name of Perso	n	Area Code	Daytime Teleph	none Number	
	STREET/COU Registration Se Division of Cor Clifton Buildin 2661 Executive Tallahassee, FL	porations g Center Circle		MAILING AI Registration So Division of Co P.O. Box 6327 Tallahassee, F	ection rporations	
Enclo	sed is a check for	the following amour	nt:			
┌ \$7	0.00 Filing Fee	☐ \$78.75 Filing F Certificate of		\$78.75 Filing Fee & Certified Copy	S87.50 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.

(Enter name of co "Inc.," "Co.," "Co	THOMCOMP rporation; must include "INCORPORATED," "(rp," "Inc," "Co," or "Corp.")		ORPORATION	ι,"	_
(If name unavailab	ole in Florida, enter alternate corporate name ado	pted for the purpo	ose of transacting	g business in Florida)	
Delaware 3		_			_
(State or country under the law of which it is incorporated)		(FEI number, if applicable)			
4.	July 21, 1970 5				_
(Date	(Date of incorporation)		(Date of duration, if other than perpetual)		
6		····			_
	(Date first transacted business in Fl (SEE SECTIONS 607.1501 & 607.1502	orida, if prior to r . F.S., to determin	egistration) se penalty liabili	ity)	
	One Progress Drive - Hor				
7. <u></u>		office address)			_
	(Current mailing a	ddress, if differer	ıt)		
8. Name and street Name:	t address of Florida registered agent: (P.O. I	Box <u>NOT</u> accep	otable)	2022 MAR - 7 AM 10: OSL TALLAHASSEST	Caracta range in d
Office Address:	115 North Calhoun Street, Suite 4			<i>₹</i> ∂*	, , , , , , , , , , , , , , , , , , ,
Office Address.	Tallahassee	 , Florida	32301	AM 10: 48	و ه لو المراث الحاد المراث ا
	(City)	(Z	ip code)	r 6 0	
designated in this further agree to co	nt's acceptance: ed as registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes rele amiliar with and accept the obligations of n	nt as registered itive to the prop	agent and agr er and comple	ree to act in this cap ete performance of	vacity

/s/Tracy Giumarra

(Registered agent's signature)

COGENCY GLOBAL INC. - Tracy Giumarra, Assistant Secretary

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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Address: _____ Vice Chairman: Address: Randolph Altschuler 7529 Standish Place, Suite 200 Derwood, MD 20855 James Rallo Director: ____ 7529 Standish Place, Suite 200 Address: ______ Derwood, MD 20855 **B. OFFICERS** Vice President: Address: ______ Kristie Scott Secretary: _____ 7529 Standish Place Suite 200 - Derwood, MD 20855 Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. /s/Kristie Scott 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. Kristie Scott, Secretary 13. _____

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

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "THOMCOMP, INC." IS DULY INCORPORATED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THOMCOMP, INC."

WAS INCORPORATED ON THE TWENTY-FIRST DAY OF JULY, A.D. 1970.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 202743712

Date: 02-23-22

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