

Division of Corporations

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M1500000536

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA0000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

*File LLC (2nd)
After
Withdrawal
H15000017149*

****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 Limited Liability Company
COMPMANAGEMENT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$125.00

RECEIVED

15 JAN 21 AM 10:00

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICESSECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 JAN 21 PM 4:40

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JAN 22 2015

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CompManagement, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

CT Corporation System

Name of Person

CT Corporation System

Firm/Company

515 East Park Avenue

Address

Tallahassee, FL 32301

City/State and Zip Code

Andrew Pernikoff@wetherichlaw.com

DIANE.CAHILL@sedgwickcms.com

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

For further information concerning this matter, please call:

Andrew Pernikoff

at (312)

288-3525

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

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

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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15 JAN 21 14:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. CompManagement, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. Ohio

(Jurisdiction under the law of which foreign limited liability
company is organized)

3. 31-1112569

(FEI number, if applicable)

4. _____

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1100 Ridgeway Loop, Suite 200 Memphis, TN 38120

(Street Address of Principal Office)

6. 1100 Ridgeway Loop, Suite 200 Memphis, TN 38120

(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

See attached

8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)


Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any 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.)

STEPHEN R HURLEY

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CompManagement, LLC

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

David A. North, Jr.	President and Chief Executive Officer
Steven E. Penman	Executive Vice President and Chief Operating Officer
W. Jay Potter	Executive Vice President, Chief Financial Officer and Treasurer
Jason P. Hood	Executive Vice President, Chief Legal Officer and Secretary
Jason L. Landrum	Executive Vice President, Chief Information Officer
Stephen R. Hurley	Senior Vice President and Assistant Secretary

*The address for each individual identified above is: 1100 Ridgeway Loop, Suite 200
Memphis, TN 38120.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Compmanagement, LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

CT Corporation System

(Name)

1200 South Pine Island Road

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Plantation

FL 33324

City/State/Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

By: CT Corporation System James M. Halpin
(Signature) Assistant Secretary

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

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15 JAN 21 PM 4:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show COMPMANAGEMENT, LLC, an Ohio For Profit Limited Liability Company, Registration Number 640895, was organized within the State of Ohio on September 10, 1984, is currently in FULL FORCE AND EFFECT upon the records of this office.



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 21st day of January, A.D. 2015.*

Jon Husted

Ohio Secretary of State

Validation Number: 201502101448

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TALLAHASSEE, FLORIDA