

7/23/2015

Division of Corporations

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From:

Account Name : CRAIG W. SMALLEY, E.A., P.A.
Account Number : I20130000053
Phone : (407)949-0220
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Foreign Limited Liability Company
TMS Services of America, LLC

Certificate of Status	0
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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

1. TMS Services of America, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

TMS Services of America - Orlando, LLC

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

2. Nevada 3. 47-4513694
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 7/23/2015
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. c/o CWSEAPA Entity Solutions, LTD 1489 W. Warm Springs Road, Suite 110
Henderson, NV 89014
(Street Address of Principal Office)

6. c/o CWSEAPA Entity Solutions, LTD 1489 W. Warm Springs Road, Suite 110
Henderson, NV 89014
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Craig W. Smalley, E.A.
Office Address: 37 N. Orange Avenue, Suite 500
Orlando, Florida 32801
(City) (Zip code)

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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.

[Signature]
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
CWSEAPA Fiduciary Services, LTD
1489 W. Warm Springs Road, Suite 110
Henderson, NV 89014

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

[Signature]
Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Craig W. Smalley - Manager
Typed or printed name of signee

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SECRETARY OF STATE



LIMITED LIABILITY COMPANY CHARTER

I, BARBARA K. CEGAVSKE, the Nevada Secretary of State, do hereby certify that **TMS PROVIDER SERVICES OF AMERICA, LLC** did on July 14, 2015, file in this office the Articles of Organization for a Limited Liability Company, that said Articles of Organization are now on file and of record in the office of the Nevada Secretary of State, and further, that said Articles contain all the provisions required by the laws governing Limited Liability Companies in the State of Nevada.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on July 14, 2015.

BARBARA K. CEGAVSKE
Secretary of State



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