

M24000001977

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

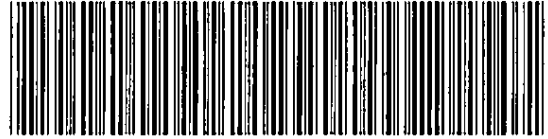
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800422028558

01/30/24 09:03:44-075 **1977

FILED
2024 JAN 30 AM 11:18
CLERK OF STATE
TALLAHASSEE, FLORIDA



WESTMONT
ASSOCIATES, INC.

January 25, 2024

via UPS Delivery

Florida Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301
Attention: Secretary of State

**Re: TMG Insurance Services, LLC
Application for Authorization**

To Whom It May Concern:

Please consider the included Application for Authorization in regard to TMG Insurance Services, LLC for your review and approval. Westmont Associates, Inc. has been requested to submit this correspondence on behalf of TMG Insurance Services, LLC.

Also enclosed are a certificate of good standing and a check in the amount of \$125 for the filing fee.

Thank you for your time and attention. Please contact me directly at 856-216-0220 or by email at katie@westmontlaw.com should you have any questions or require any additional information.

Respectfully,

Katie Lenguadoro

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TMG Insurance Services, 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:

Katie Lenguadoro

Name of Person

Westmont Associates, Inc.

Firm/Company

1763 Marlton Pike East, Suite 200

Address

Cherry Hill, NJ 08003

City/State and Zip Code

kmilanette@BainCapital.com

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

For further information concerning this matter, please call:

Katie Lenguadoro

856

216-0220

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$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

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. TMG Insurance Services, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," 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," "L.L.C.," or "LLC.")

2. DE 93-4564667
(Jurisdiction under the law of which foreign limited liability company is organized) (FLI 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. 1111 Ashworth Rd. 6. 1111 Ashworth Rd.
(Street Address of Principal Office) (Mailing Address)
West Des Moines, IA 50265 West Des Moines, IA 50265

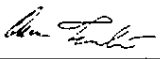
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporate Creations Network Inc.
Office Address: 801 US Highway 1
North Palm Beach, Florida 33408
(City) (Zip code)

FILED
2024 JAN 30 AM 11:18
CLERK OF STATE
TALLAHASSEE, FLORIDA

Registered agent's acceptance:

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 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) By: Ariana Turoski, Special Secretary

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

☐ Manager Name: Tim Fleming

☐ Member Address: 1111 Ashworth Rd.

☐ Authorized West Des Moines, IA 50265

Person _____

☒ Other CEO ☐ Other _____

☐ Manager Name: Brian Nelson

☐ Member Address: 1111 Ashworth Rd.

☐ Authorized West Des Moines, IA 50265

Person _____

☒ Other SVP, Claims ☐ Other _____

☐ Manager Name: Timothy Lee

☐ Member Address: 1111 Ashworth Rd.

☐ Authorized West Des Moines, IA 50265

Person _____

☒ Other Secretary ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: Jack Sun

☐ Member Address: 1111 Ashworth Rd.

☐ Authorized West Des Moines, IA 50265

Person _____

☒ Other President ☐ Other _____

☐ Manager Name: James Balzarine

☐ Member Address: 1111 Ashworth Rd.

☐ Authorized West Des Moines, IA 50265

Person _____

☒ Other VP, Claims ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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)

10. 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.



Signature of an authorized person

Timothy Lee

Typed or printed name of signee

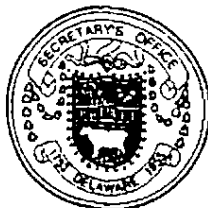
FILED
2024 JAN 30 AM 11:18
CLERK OF STATE
TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "TMG INSURANCE SERVICES, LLC" IS DULY
FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD
STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS
OFFICE SHOW, AS OF THE TWELFTH DAY OF JANUARY, A.D. 2024.



2659910 8300

SR# 20240112559

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 202589242

Date: 01-12-24