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Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : 12000000195 REFERENCE: 046823 8181817 AUTHORIZATION : COST LIMIT : ORDER DATE: September 29, 2021 ORDER TIME : 10:41 AM ORDER NO. : 046823-005 CUSTOMER NO: 8181817 DOMESTIC FILING NAME: TMS FLORIDA, INC. EFFECTIVE DATE: XX ARTICLES OF INCORPORATION \_\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP \_\_\_\_ ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_\_\_ CERTIFIED COPY

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

XX PLAIN STAMPED COPY

\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT.

1201 Hays Street

## **COVER LETTER**

Department of State **New Filing Section** Division of Corporations P. O. Box 6327 Tallahassec, FL 32314

TMS Florida, Inc.

SUBJECT:	1MS Florida, Inc.		
	(PROPOSED CORPO	RATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an	original and one (1) copy of the	articles of incorporation an	d a check for:
□ \$70.00 Filing Fe		☐ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	Status
FROM:			_
	Nat 5 South Market Street, Floo	me (Printed or typed) or 3	
-		Address	
	Frederick, Maryland 21701		
-	Cit	y. State & Zip	
	301-383-8405		
_	Daytime	Telephone number	<del></del>
-	ndavis@tms.com		
	E-mail address: (to be us	ed for future annual report n	otification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ICLE II PRINC	IPAL OFFICE		_
outh Market Street, F	Principal street address		Mailing address, if different is:
erick, Maryland 217		<del></del>	
		<del></del>	
ICI E III DUDDO	an a	<del>-</del>	
ICLE III PURPO purpose for which th	SE e corporation is organized is: Provid	e private transportation	on
<del></del>			છ
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			A Part of the second of the se
			T A
umber of shares of st	ock is: 100  OFFICERS AND/OR DIRECTORS	<del></del>	
umber of shares of st	OFFICERS AND/OR DIRECTORS Francis W. Sherman, CFO	Name and Title:	Kevin Michael O'Connor, Preside
umber of shares of st	OFFICERS AND/OR DIRECTORS Francis W. Sherman, CEO  1501 Sandy Glenn Place		Kevin Michael O'Connor, Preside
umber of shares of standard CLE V INITIAL  Name and Title:	OFFICERS AND/OR DIRECTORS Francis W. Sherman, CEO		
CLE V INITIAL  Name and Title:	OFFICERS AND/OR DIRECTORS Francis W. Sherman, CEO 1501 Sandy Glenn Place		223 Carr Lane
Umber of shares of standard St	OFFICERS AND/OR DIRECTORS Francis W. Sherman, CEO 1501 Sandy Glenn Place Sandy Spring, Maryland 20860	Address:	223 Carr Lane Tallahassee, Florida 32312
Name and Title:  Name and Title:	OFFICERS AND/OR DIRECTORS Francis W. Sherman, CEO 1501 Sandy Glenn Place	Address:	223 Carr Lane Tallahassee, Florida 32312
Name and Title:_ Address	OFFICERS AND/OR DIRECTORS Francis W. Sherman, CEO 1501 Sandy Glenn Place Sandy Spring, Maryland 20860	Address:	223 Carr Lane Tallahassee, Florida 32312
Name and Title:  Name and Title:	OFFICERS AND/OR DIRECTORS Francis W. Sherman, CEO 1501 Sandy Glenn Place Sandy Spring, Maryland 20860	Address:	223 Carr Lane Tallahassee, Florida 32312
Name and Title:  Name and Title:	OFFICERS AND/OR DIRECTORS Francis W. Sherman, CEO 1501 Sandy Glenn Place Sandy Spring, Maryland 20860	Address:	223 Carr Lane Tallahassee, Florida 32312
Name and Title:  Address  Name and Title:  Address  Address	OFFICERS AND/OR DIRECTORS Francis W. Sherman, CEO 1501 Sandy Glenn Place Sandy Spring, Maryland 20860	Address: Name and Title: Address:	223 Carr Lane Tallahassee, Florida 32312
Name and Title:_ Address  Name and Title:_ Address	OFFICERS AND/OR DIRECTORS Francis W. Sherman, CEO 1501 Sandy Glenn Place Sandy Spring, Maryland 20860	Address: Name and Title: Address: Address: Name and Title:	223 Carr Lane Tallahassee, Florida 32312

Name :	and Title:	Name and Title:	
Addre	ess		
ARTICLE VI	REGISTERED AGENT		
Name:	Florida street address (P.O. Box NOT accepta Corporation Service Company	ble) of the registered agent is:	
Address:	1201 Hays Street	<del></del>	
	Tallahassee, FL 32301	SECRETALLA	
ARTICLE VII	INCORPORATOR	CRETARY OF ST	."
The name and a	address of the Incorporator is:	ASS O	1
Name:	Nigel Davis	PM 1: 09 OF STAT SSEE, FL	•
Address:	5 South Market Street, Floor 3	TAT FL	
	Frederick, MD 21701		
Effective date, if	EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific and c	. (OPTIONAL) cannot be more than five days prior or 90 days after the	
Note: If the date the document's e	e inserted in this block does not meet the applie effective date on the Department of State's rec	cable statutory filing requirements, this date will not be listed as ords.	
Having been nan certificate, I am j	ned as registered agent to accept service of proc familiar with and accept the appointment as reg	ess for the above stated corporation at the place designated in this gistered agent and agree to act in this capacity	
	Required Signature/Registered Agent	09/29/2021	
I culturis skin I		Date	
a suomu inis doc document to the l	ument and affirm that the facts stated herein Department of State constitutes a third degree f	are true. I am aware that the false information submitted in a felony as provided for in s.817.155, F.S.	
Required Signatu	re/Incorporator	Date SEPTEMBER 20, 22.	21
		Date	