

P22000006721

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)573-3996
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA PROFIT/NON PROFIT CORPORATION
TMS IC-DISC, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	03
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Corporate Filing Menu

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D. O'KEEFE
FEB - 2 2022

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

ARTICLE I NAME

The name of the corporation shall be: TMS IC-DISC, Inc.

ARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

201 West Big Beaver Road, Suite 500Troy, Michigan 48084**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 60,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

ARTICLE VI REGISTERED AGENT
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: CT Corporation System

Address: 1200 South Pine Island Road

Plantation, FL 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Emily J. Kwolek

Address: 201 West Big Beaver Road, Suite 500

Troy, Michigan 48084

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ARTICLE VIII EFFECTIVE DATE:
Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Stephanie Hencz

Stephanie Hencz, Assistant Secretary

Required Signature/Registered Agent

1/31/2022

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

Emily J. Kwolek

Required Signature/Incorporator

01/28/2022

Date