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Division of Corporations

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TALLAHASSEE, FUORIT

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Compass LCS, LLC

| Certificate of Status | 0 |
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C. LEWIS

JUN 1 8 2009

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6/17/2009

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2009 JUN 17 AM 8:51

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TOF STATE TRANSACT BUSINESS IN FLORIDA TALLAHASSEE, FLORIDA

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE SLATE OF FLORIDA:

| 1. Compass LCS, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LL.C.," or "LLC") | | | | | | | |
|---|---|--|---|---------------------|--|--|--|
| consent of th | vailable, enter alternate name adopt to managers or managing members a "L.L.C," "LLC.") | ed for the purpose of transdopting the alternate name | sacting business in Plorida and attach a copy of the The alternate name must include "Limited List | he writte bility | | | |
| 2 | Dolaware | ₹ 3 . | 27-0147289 (FEI number, if applicable) | • | | | |
| (Jurisdiction company i | on under the law of which foreign li s organized) | mited liability | (FEI number, if applicable) | _ | | | |
| 4 | 05/08/2009 | 5 | perpetual tion: Year limited liability company will cease to | | | | |
| | (Dute of Organization) | (Dun exist | nion: Year limited liability company will cease to or "perpetual") | 0 | | | |
| 6 | (Date first transactor (See sections 608,501 | business in Florida, if pr & 608.502 F.S. to determ | ior to registration.) ine penalty liability) | | | | |
| 7. <u>2400 Yor</u> | kmont Rd., Charlotts, NC 28217 | · · · · · · · · · · · · · · · · · · · | | _ | | | |
| | (| Street Address of Princip | al Office) | - | | | |
| 8. If limite | d liability company is a mana | ger-managed compan | y, check here | | | | |
| 9. The nam | no and usual business addresse | s of the managing me | mbers or managers are as follows: | | | | |
| | | | | | | | |
| | | | | - | | | |
| <u> </u> | | | | | | | |
| the jurisdiction | is an original certificate of existence, no number that law of which it is organiza- the certificate under outh of the translat | d (Aphotocopy is not acc | ly authenticated by the official having custody of a epublic. If the certificate is in a foreign language, a | ecords in | | | |
| 11. Nature | of business or purposes to be | conducted or promote | ed in Florida: food service | _ | | | |
| | C.Phi | la well | | - · | | | |
| | (In accordance with section | ther or an authorized on 608 408(3), P.S., the execution of purposes that the | representative of a member. ution of this document constitutes. Such stated berein we true.) | | | | |
| | en erretter me | C. Phillip Wells | | | | | |
| | Type | ed or printed name of | | | | | |

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

2009 JUN 17 AM 8:51

SECRETARY OF STATE TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| | Com | pass LCS, LLC | |
|---|---|--|---------------|
| If unavailable, the a | ilternate to be used in the | state of Florida is: | |
| 2. The name and th | e Florida street address of | f the registered agent an | d office are; |
| | cro | Corporation System | |
| | | (Name) | |
| | 1200 So | orth Pine Island Road | |
| | Florida Street Addre | as (P.O. Box NOT ACCEPTA | NELE) |
| | Plantation | FI. 33324 | |
| | <u> </u> | City/State/Zip | |
| liability company at t agent and agree to a relating to the proper obligations of my pos | the place designated in this ct in this capacity. I furthe r and complete performance tition as registered agent a stion System | e certificate, I hereby acc or agree to comply with the of my duties, and I am | |

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

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COMPASS LCS, 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 SIXTEENTH DAY OF JUNE, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

4685294 8300

090622100

You may varify this certificate onlin at open-dolaware.gov/authwer.shtml Jeffrey W. Bullock, Secretary of State

DATE: 06-16-09