Division of Co. Torida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

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Fax Number

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

E-ma	4 1	Address	

Foreign Limited Liability Company Tennessee Service Solution Group, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

6/4/2010

WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify that	we are the Managers and/or Managing
Members of Service Solutions Grou	ip, LLC
	Liability Company)
a limited liability company duly organized a	nd existing under the laws of
Delaware	三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三
(State or Country of Organization)	55
Because the name of this foreign limited liab	illity company does not satisfy the 🗒 🚡
requirements of the s. 608,406, F.S., the limit	ted liability company hereby adopts 100 200
following name to transact business in the st	ate of Florida:
Tennessee Services Solutions G	roup, LLC
(Name to be used by limited liability company in Florida, I Company, L.L.C., or 1.I.C.)	NOTE: Name must end with Limited Liability
Date:	
Signature(s) of Manager(s) and/or Managing	Member(s):
I am tell .	Dana Rosellini, Secretary and Treasurer of
	Franke SSG, Inc. (Member)
<u> </u>	
	·

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	ECF:	Service Solutions Group, LLC
		Name of Limited Liability Company
		Liability Company for Authorization to Transact Business in Florida," Confficute of the above referenced foreign limited liability company to transact business in Florida.
Please	return all correspondence concerning th	ais matter to the following:
		Kathy Davis
		Name of Person
	and the second s	Service Solutions Group, LLC
		Гіль/Соправу
	*************	800 Aviation Parkway
		Address
		Sniyma, TN 37167
		City/State and Zip Code
	E-mail addre	kally.davis@sosvicesg.com ess: (to be used for future annual report motification)
For fir	orther information concerning this matter,	
	in man account of the control of the	, , , , , , , , , , , , , , , , , , , ,
	Kathy Davis	at (615) 462-4171
	Name of Person	Area Code & Daytime Telephone Number
	MAILING ADDRESS: Division of Corporations	STREET AIDRESS: Division of Corporations
	Registration Section	Registration Section
	P Ö, Box 6327	Clifton Building
	Tallahassec, FL 32314	266) Executive Center Circle Tallahassee, FL 32301
Enck	osed is a check for the following a	imount:
٠,٠٠١		_
		Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate cate of Status Certified Copy

. . .

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SPCTION 608503, FLORIDA SEITUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA Service Solutions Group, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") Tennessee Service Solutions Group, LLC (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members subpting the alternate name. The atternate name must include "Limited Liability Company," "L.L.C," "LLC.") (Jurisdiction under the law of which foreign limited liability cumpany is organized). December 23,2003 (Date of Organization) (Duration: Year limited liability company will equaexact or "perpetual") 6. (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 800 Aviation Parkway Smyma, TN 37167 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: Franke SSG, Inc. (Member) 800 Aviation Parkway, Smyrna, TN 37167 FDL Holdings, Inc. (Member) 890 Rodna Torrace, Cincinnati, OH 45215 Cammercial Food Service Supply, Inc. (Member) 4832 S. 35th Street, Phoenix, AZ 85040 Dale J. Campbell (Member) 800 Aviation Parkway, Smyrma, TN 37167 10. Attached is an original cartificate of existence, no more than 90 days old, duty authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under eath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Service and repair of commercial kitchen equipment Signature of a member or an authorized representative of a member (In advardance with section 608.408(3), F.S., the execution of this document constitutes

an all material and or the penalties of perjuny that the facts stated herein are true.)

Bettylo Wolf, Authorized Representative

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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.

	Service Solutions Gre	nip, LLC	
funavailable, the alto	rnate to be used in the state of Fl	lorida is:	
Tennessee Servic	e Solutions Group, LLC		
. The name and the	Torida street address of the regis	itered agent and office are:	
			建 総
	C T Corporation	System	平場
	(Namc)		
	1200 Santh Pine Is	hand Renal	28S
	Florida Street Address (P.O. Bo	X NOT ACCEPTABLE)	国家
	Plantation FI	33324	OFF
• • • • • • • • • • • • • • • • • • • •	City/Sta	le//ip	
	registered agent and to accept se e place designated in this certifica	ite. I hereby accept the appointme a camply with the provisions of al	ent as registere
liability company at the agent and agree to oct relating to the proper obligations of my postions. Off Company	nd complete performance of my copy us registered agent as provide on System	ed for in Chapter 608, Florida Sta S MCNeair	accept the
liability company at the agent and agree to oct relating to the proper obligations of my postions. Off Company	nd complete performance of my complete performan	ed for in Chapter 608, Florida Sta 5 MCNegir 11 Se cretary	accept the
liability company at the agent and agree to oct relating to the proper obligations of my postions. O'T Company	ind complete performance of my complete performa	ed for in Chapter 608, Florida Sta S MCNEQII H-SECIETARY ee for Application	accept the
liability company at the agent and agree to oct relating to the proper obligations of my push of the Company By:	ind complete performance of my complete performa	ed for in Chapter 608, Florida Sta 5 MCNegir 11 Se cretary	accept the

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Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SERVICE SOLUTIONS GROUP, 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 SECOND DAY OF JUNE, A.D. 2010.

AND I DO HEREBY FORTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

3744494 8300

100619838

You may varify this cartificate online at corp. delewere. gov/authver. shoul

Jeffrey W. Bullock, Socretary of State

AUTHENTY CATION: 8029753

DATE: 06-02-10