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## FLORIDA/FOREIGN LIMITED LIABILITY CO.

ARAMARK Management, LLC

Certificate of Status	0
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JUN - 2 2008

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**E¾AMINER** 

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

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

(Name of Fo	reign Limited Liability Company; m	ust includ	a "Limited Liability Com	pany," "L.L.C.,	or "LLC.")	
ī/A						
onsent of the mana ompany," "L.L.C.	e, enter alternate name adopted for the agers or managing members adopting ""LLC.")					
Delaware		3	26-1597527			
(Jurisdiction undi company is organ	er the law of which foreign limited li nized)	ability	(FEI num	ber, if applicab	le)	
12/20/07		5.	Perpetual			
(D	Date of Organization)		(Duration: Year limited exist or "perpetual")	d liability comp	any will ceas	e to
	And Comment and the state of th					
	(Date first transacted busine (See sections 608.501 & 608.	.502 F.S. 1	to determine penalty liabil	i.) ity)		
1101 Market St	rect, Philadelphia, PA 19107					_
					<del></del>	<u>~</u>
-	(Street	Address o	f Principal Office)			
	·			<b>⇔</b>	₽X	
If limited liab	oility company is a manager-ma	anaged o	company, check here	<u>N</u>	ASF	<del>1</del> -2
The name and	d usual business addresses of the	ne mana	ging members or man	agers are as f	SSE SSENSION	
ARAMARK C	orporation, 1101 Market Street, Phili	adelphia.	PA 19107		HS	7
					22	<del>_</del> <del></del>
					<u>Om</u>	56
			<del></del>			<del></del>
	riginal certificate of existence, no more					
	rithe law of which it is organized. (Ap			tificate is in a for	iciāu jaudīnsē	,c, a
	tificate under eath of the translator mus		•			
. Nature of bu	isiness or purposes to be condu	icted or	promoted in Florida:	Service Manag	ement	
			1			
	77.7	<i>#</i>	<del>/</del>			<b></b> '
	- feell					
	Signature of a member o	r an auth	norized representative	of a member		
	(in accordance with section 60%, an affirmation under the penultie	s of perjur	y that the facts stated herein :	are true.)		
	Michael J. O'Hara, Vice Presi	dent, Al	CANOLKCOMULT	in Menbe	N.	

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.

1. The name of	the Limited Liability Con	npany is:		
ARAMARK Manag	gement, LLC			
If name unavaila	able, the alternate name to	be used in the state of	f Florida is:	·
2. The name and	d the Florida street addres	s of the registered age	nt and office are:	
	c	T Corporation System		
•		(Name)		~
	120	0 South Pine Island Road		_ = N
•	Florida Street A	ddress (P.O. Box NOT AC	CEPTABLE)	SECHALL!
	Plantation	FL	33324.	2008 JUN -2 SECRETARY ALLAHASSI
		City/State/Zip		TI
liability company agent and agree relating to the pr obligations of my	ned as registered agent and  at the place designated in  to act in this capacity. If u  oper and complete perform  position as registered age  C T Corporation System	s this certificate, I herel orther agree to comply wance of my duties, and	by accept the appoin with the provisions o I I am familiar with	ntment as Fegistered of all slatitles and accept the
By: Kou	KOHET A BEHLER			
Sp	secial Assistant Secre \$ 100.0 \$ 25.0 \$ 30.0 \$ 5.0	<ul> <li>Filing Fee for App</li> <li>Designation of Ro</li> <li>Certified Copy (o</li> </ul>	egistered Agent ptional)	

# Delaware

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### The First State

I, HARRIET SMITE WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ARAMARK MANAGEMENT, 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. 2008.

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

2000 JUN -2 AM 8: 56
SECRETARY OF STATE

4477889 8300

080651351

You may verify this certificate enline at curp delawara.gov/authvar.shtml

Daniet Smile Hindson

Harriet Smith Windsor, Secretary of State

AUTEENTICATION: 6628007

DATE: 06-02-08