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EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS) 515 EAST PARK AVENUE TALLAHASSEE, FL 32301 * 222-1173 FILING COVER SHEET ACCT. #FCA-14 **CONTACT: KATIE WONSCH** DATE: 01/18/2011 **REF. #:** 000173.140416 CORP. NAME: ADVANTAGE ARMED FORCES SALES LLC () ARTICLES OF INCORPORATION () ARTICLES OF AMENDMENT () ARTICLES OF DISSOLUTION () ANNUAL REPORT () TRADEMARK/SERVICE MARK () FICTITIOUS NAME (XX) FOREIGN QUALIFICATION () LIMITED PARTNERSHIP () LIMITED LIABILITY () REINSTATEMENT () MERGER () WITHDRAWAL () CERTIFICATE OF CANCELLATION () OTHER: STATE FEES PREPAID WITH CHECK# 538184 FOR \$ 160.00 **AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:** COST LIMIT: \$____

(XX) CERTIFICATE OF GOOD STANDING

() PLAIN STAMPED COPY

Examiner's Initials

() CERTIFICATE OF STATUS

PLEASE RETURN:

(XX) CERTIFIED COPY

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Advantage Armed Forces Sales LLC	
(Name of Foreign Limited Liability Company; must inc	lude "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purp consent of the managers or managing members adopting the al Company," "L.L.C," "LLC.")	pose of transacting business in Florida and attach a copy of the written ternate name. The alternate name must include "Limited Liability
2. Delaware	3. 27-4244096
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4. December 10, 2010	5 perpetual 9
(Date of Organization)	(Duration: Year limited liability company will cease to
6. (Date first transacted business in F (See sections 608.501 & 608.502 F.	exist or "perpetual") Florida, if prior to registration.) S. to determine penalty liability)
7. 18100 Von Karman Avenue, Suite 1000)
Irvine, CA 92612	
	s of Principal Office)
8. If limited liability company is a manager-manage	d company, check here 🗸
9. The name and usual business addresses of the ma	naging members or managers are as follows:
Sonny King 18100 Von Karman Avenue, S	Suite 1000 Irvine, CA 92612
Tanya Domier 18100 Von Karman Ave	nue, Suite 1000 Irvine, CA 92612
10. Attached is an original certificate of existence, no more than 90 the jurisdiction under the law of which it is organized. (A photocotranslation of the certificate under oath of the translator must be sult.)	
11. Nature of business or purposes to be conducted of	or promoted in Florida: Broker/sales of food and
non-food items to U.S. government facili	ities
Sank	<u></u>
	Athorized representative of a member.
	ecution of this document constitutes an affirmation under the true. I am aware that any false information submitted in a
document to the Department of State constitute	es a third degree felony as provided for in s.817.155, F.S.)
Sonny King, Manager	

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.

ompany is:	
Sales LLC	
n the state of Florida is:	
ess of the registered agent and office are:	
(Name)	
rk Drive, Suite 4	
Address (P.O. Box NOT ACCEPTABLE)	
FL 33331	
City/State/Zip	
	Sales LLC In the state of Florida is: ess of the registered agent and office are: (Name) rk Drive, Suite 4 Address (P.O. Box NOT ACCEPTABLE) FL 33331

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

(Signature) Jose Castellanos, Asst. Secretary

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

Delaware

PACE

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ADVANTAGE ARMED FORCES SALES 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 FOURTEENTH DAY OF DECEMBER, A.D.

2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ADVANTAGE

ARMED FORCES SALES LLC" WAS FORMED ON THE TENTH DAY OF DECEMBER,

A.D. 2010.

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

4910945 8300

101185227

AUTHENTICATION: 8425558

DATE: 12-14-10

Jeffrey W. Bullock, Secretary of State

You may verify this certificate online at corp. delaware. gov/authver. shtml