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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

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

Email Address:

Foreign Limited Liability Company TouchPoint Support Services, LLC

Certificate of Status	0
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AUG 2 8 2012

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8/27/2012

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CT CORPORATION

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COVER LETTER

		orporations	
SUBJECT:	Toneuro	int Support Services, LI	Name of Limited Liability Company
The enclosed Existence, and	"Applica check a	tion by Foreign Limited re submitted to register t	Liability Company for Authorization to Transact Business in Florida," Certificate of the above referenced foreign limited liability company to transact business in Florida
Please return :	ill corres	pondence concerning th	is matter to the following:
		Lovi M	lorrow
			Name of Person
		Compass	Bronp
•			
		2400 You	Kmont Pd. Address , No 20217
			Address
		Charlotte	, Ne 20217
			City/State and Zip Code
		E-mail addres	patty.carpenter@compass-usa.com ss: (to be used for future annual report notification)
For further info	rmation	concerning this matter,	please cail:
	إسالهر	Morrow	at (704) 320 - 766
		Name of Person	Area Code & Daytime Telephone Number
Division	on of Co	DRESS: poretions	STREET ADDRESS: Division of Corporations
	ration Se ox 6327	ction	Registration Section Clifton Building
Tallah	18300, FL	. 32314	2661 Executive Center Circle Tallahassee, FL 32301
nolosed is a ☐\$125.0	check : O Filing I	for the following am Fee \$130.00 Filing Certificate of	Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate
٠.			

PLOST - 10/05/2010 C T Filing Munegar Online

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 RECISIER A FOREIGN

Ľ	IMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:		
1.	. TouchPoint Support Services, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LL.C.," or "LLC.")		
ÇC	f name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the vonsent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liabili company," "L.L.C," "LLC.")		
_,	Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 46-0765867 (FEI number, if applicable)		
4.	08/09/2012 (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")		
6.	Upon Qualification (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 P.S. to determine penalty liability)	=	
7.	2400 Yorkmont Road, Charlotte, NC 28217	2 AUG 27 AH 8: 2	٦
	(Street Address of Principal Office)	27	-
	(Street Address of Finisher Office)	= [-
8.	If limited liability company is a manager-managed company, check here	20	
9.	The name and usual business addresses of the managing members or managers are as follows:	24	
	Sole Member:		
	Morrison Management Specialists, Inc.		
	5801 Peachtree Dunwoody Road, Atlanta, GA 30342		
the,	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of recor jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a fineign language, a station of the certificate under oath of the translator must be submitted.)	dsin	
11.	Nature of business or purposes to be conducted or promoted in Florida:		
_	Support Services		
	NO V VA		
	Signature of a member or an authorized representative of a member.		
	(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affurnation under the penalties of perjury that the facts stated berein are true. I am aware that any 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.)		
	Richard Rossitch, Assistant Secretary of Sole Member		
	Typed or printed name of signee		

21-037 - 10/03/2010 C T Filling Manager Online

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 Company is:	
ToughPoint Support Services, L.I.C	
If unavailable, the alternate to be used in the state of Florida is:	
2. The name and the Florida street address of the registered agent and office are:	
C T Corporation System (Name)	PILE NO 27
1200 South Pine Island Road Florida Street Address (P.O. Box NOT ACCEPTABLE)	SEE, FL
Plantation FL 33324	25 ORIDA
City/State/Zip	,

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.

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

FLOST - 10/05/2010 C T Hiting Manager Called

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TOUCHPOINT SUPPORT SERVICES, 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 TWENTY-SEVENTH DAY OF AUGUST, A.D. 2012.

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

5196221 8300

120973524

You may varify this certificate online at corp. delaware. gov/authors. whim!

AUTHENTY CATION: 9806232

DATE: 08-27-12