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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Qual Siro Solutions LLC Name of Limited Liability Company
Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the following:
Estine Windonburg Name of Person
Name of Person
QualServ Solutions LLC Firm/Company
Firm/Company
Po Box 6536
Address
(1) at the first of the first o
Fort Smith, Ark 72906 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Faline Windenburg
Estine Windenburg at 479 646.8386 art 247 Name of Person Area Code & Daytime Telephone Number
MAILING ADDRESS: STREET ADDRESS:
Division of Corporations Division of Corporations Division of Corporations
Registration Section Registration Section P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle
Tallahassee, FL 32301
Enclosed is a check for the following amount:
✓ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate Certificate of Status

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:

LIMITED LIABILITY COMPANY TO TRANSACT BUS 1 QualServ Solutions, LLC	SINESS IN THE STATE OF FLORIDA:	
	ny; must include "Limited Liability Company," "L.	L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted consent of the managers or managing members ado Company," "L.L.C," "LLC.")		
_{2.} Delaware	_{3.} 46-3459254	
(Jurisdiction under the law of which foreign limi company is organized)	ted liability (FEI number, if app	olicable)
_{4.} 8-7-2013	_{5.} perpetual	
(Date of Organization)	(Duration: Year limited liability exist or "perpetual")	company will cease to
6. 11-1-2013 (Date first transacted by	ousiness in Florida, if prior to registration.)	
(See sections 608.501 & 7400 So. 28th Street	z 608.502 F.S. to determine penalty liability)	60
Fort Smith, AR 72908		
(S	treet Address of Principal Office)	min Co
8. If limited liability company is a manage	er-managed company, check here	
9. The name and usual business addresses	of the managing members or managers ar	e as follows:
Eugene J. Morrow - 7400 S	so. 28th St., Fort Smith, AR 72	908
Peter B. Miller - 7400 So. 2	8th St., Fort Smith, AR 72908	
10. Attached is an original certificate of existence, no the jurisdiction under the law of which it is organized translation of the certificate under oath of the translate	d. (A photocopy is not acceptable. If the certificate is	•
11. Nature of business or purposes to be c	onducted or promoted in Florida: manu	ıfacture of
	l wholesaler of restaurant equi	
- And		•
_ Chi		

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 affirmation under the penalties of perjury that the facts stated herein 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.)

Peter B. Miller

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 Lin	mited Liability Comp	pany is:			
If unavailable, the alter	mate to be used in the	e state of Florida is:		<u> </u>	_
2. The name and the F	lorida street address	of the registered agent and office ar	e:		_
	СТ	Corporation System	*****	Č	
		(Name)			
	1200	South Pine Island Road	Sen Tr	€	***
v	Florida Street Add	ress (P.O. Box NOT ACCEPTABLE)		8 -	g seems.
	Plantation	FL ³³³²⁴	72 11 1 04 6 3 1	% #÷ ?	j I prene
	· · · · · · · · · · · · · · · · · · ·	City/State/Zip		Š.	
liability company at the agent and agree to act i relating to the proper at obligations of my position. CT Corporations	place designated in the state of the place designated in the state of	to accept service of process for the ab his certificate, I hereby accept the ap her agree to comply with the provision nce of my duties, and I am familiar w t as provided for in Chapter 608, Flo	pointment as ons of all state with and acce	regist utes pt the	ered

\$ 100.00 Filing Fee for Application

\$ 30.00 Certified Copy (optional)

\$ 25.00 Designation of Registered Agent

5.00 Certificate of Status (optional)



PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "QUALSERV SOLUTIONS 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-FOURTH DAY OF OCTOBER, A.D. 2013.

5379830 8300

131229783

Jeffrey W. Bullock, Secretary of State

AUTHENTYCATION: 0838242

DATE: 10-24-13