### Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (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:

Please retain original filling Foreign Limited Liability Company

Filterfresh Coffee Service, LLC QCIO OF SUDMISSION 11/13

Certificate of Status	0
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Page Count	0806
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Electronic Filing Menu

Corporate Filing Menu

HOV 1 7 2014

T. HAMPTON

11/13/2014

#### **COVER LETTER**

Division of Corporation	y			
SUBJECT: Filterfresh Coffee Se				
	Name of Li	mited Liability Company	•	
The enclosed "Application by Fore Existence, and check are submitted				
Please return all correspondence co	oncerning this matter to	the following:		
<del></del>		Name of Person		-
		Firm/Company		-
<del></del>				_
		Address		
	Ci	ty/State and Zip Code		
Halbauer-eric@ar				
	E-mail address: (to be	used for future annual report	notification)	<b></b>
For further information concerning	this matter, please call	:		
		at ()		_
Name of	Contact Person	Area Code	Daytime Telephone Number	
MAILING ADDRESS: Division of Corporations	Divi	REET ADDRESS: iston of Corporations		
Registration Section P.O. Box 6327		istration Section ton Building		
Tallahassee, FL 32314	266	I Executive Center Circle ahassee, FL 32301		
Enclosed is a check for the fo	llowing amount:			
	☐ \$130.00 Filing Fee & Certificate of Status		e & 🗆 \$160,00 Filing Fee, ( of Status & Certified	



November 14, 2014

## FLORIDA DEPARTMENT OF STATE Division of Corporations

CT CORPORATION SYSTEM

SUBJECT: FILTERFRESH COFFEE SERVICE, LLC

REF: W14000068800

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton Regulatory Specialist III FAX Aud. #: B14000264722 Letter Number: 514A00024251

\*RE-SUBMIT\*
Flease relain original filing
date of submission

Lease relain original filing

14 KOV 14 AM 10: 00 SGREAU OF LONDS NOTAL PROSESSING SPONIES

P.O BOX 6327 - Tallahassec, Florida 32314

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(If name unavailable, enter a	alternate name adopted for the purpose of transacting business in Florida. The alternat	te name must include "Limited
Liability Company," "L.L.C		
2. Delaware	3. 141676557	
(Jurisdiction under the late company is organized)	w of which foreign limited liability (FBI number, if app	plicable)
4. Upon Qualification		t
	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	SECT 2
5. 1101 Market Street	, Philadelphia, PA 19107	LAH W
		SST 3
	(Street Address of Principal Office)	mg 🚅 🗓
6. Same		7. S. 7. 8
		<b>RA</b> —
7. The name, title or	(Mailing Address) capacity and address of the person(s) who has/have authority to	manage is/are:
		manage is/are:
member Aramark Re  8. Attached is an orig having custody of rec acceptable. If the cert must be submitted)	capacity and address of the person(s) who has/have authority to efreshment Group. Inc. 1101 Market Street Philadelphia, Painal certificate of existence, no more than 90 days old, duly authords in the jurisdiction under the law of which it is organized. (A ificate is in a foreign language, a translation of the certificate under the law of which it is organized.	manage is/are:  A 19107  menticated by the official A photocopy is not der oath of the translator
member Aramark Re  8. Attached is an orig having custody of rec acceptable. If the cert must be submitted)	capacity and address of the person(s) who has/have authority to efreshment Group. Inc. 1101 Market Street Philadelphia, Painal certificate of existence, no more than 90 days old, duly authords in the jurisdiction under the law of which it is organized. (A ificate is in a foreign language, a translation of the certificate under the law of which it is organized.	manage is/are:  19107  Lenticated by the official A photocopy is not der oath of the translator

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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 Limite	d Liability	Compa	ny is:					
Filterfresh Coff	ee Service, LLC							<del></del>	
If unavailable	, the alternat	e to be use	d in the	state of F	orida is:		,		
2. The name	and the Flori	ida street ad	ddress o	f the regis	tered agent and	d office are:			
			СТ	Corporation	System				
				(Name)			<del></del>		
				outh Pine Is					
	<del></del>	Florida Si	treet Addr	ess (P.O. B	OX NOT ACCEPTA	DLE)			
		<del></del>	Plantat	ion F. City/Sta	33324 te/Zip			•	
liability comp registered age statutes relati	any at the pla ent and agree ng to the proj	ace designa to act in the per and con	ited in th his capac inplete p	is certific city. I furi erformanc	ervice of proces ate, I hereby ac her agree to co te of my duties, t as provided fo	cept the app omply with to and I am fa	pointment as he provision miliar with c	s of all ınd	
	C T Corpora	ation System			V 1.4		. ::		
	By:	Comin	Signilia	hure\	45.5 (4) (5) (4)	Utras Transport	· 55.00	<u>_</u>	
		\$	(Signat 100.00 25.00 30.00 5.00	Designa	ee for Applica tion of Registe d Copy (option	ered Agent	SECRETARY L ALLAHASSEE	4 NOV 13 AM	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

# Delaware

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#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FILTERFRESH COFFEE SERVICE, 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 ELEVENTH DAY OF NOVEMBER, A.D. 2014.

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

2043743 8300

141395235

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

Jeffrey W. Bullock, Secretary of State

DATE: 11-12-14