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Special Instructions to	Filing Officer:	

Office Use Only



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DEPARTMENT OF STATE

15 DEC -3 AM 8: 57

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DEC 0 4 2015 1 SHIVERS

SUNSHINE CORPORATE & FILING SERVICES, INC.

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

COVER LETTER				
DATE: 124-15				
WALK IN				
ENTITY NAME: MARC USA, LLC				
(NAME AVAILABLE? YES CORRECT FORM? YES)				
PLEASE FILE THE ATTACHED AND RETURN:				
PLAIN COPY CERTIFIED COPY				
CHECK # $\frac{\partial 1\partial \gamma}{\partial 155^{00}}$ AMOUNT: $\frac{155^{00}}{}$				
PLEASE CONTACT TINA AT 850-508-1891 WITH ANY QUESTIONS OR CORRECTIONS!				
THANK YOU! TINA GOFF, PRESIDENT SUNSHINE CORPORATE & FILING SERVICES, INC.				

COVER LETTER

SUBJECT:	MARC USA, LLC		
Sobject, _	Name of	Limited Liability Company	
		pany for Authorization to Transact Business in Florida,* Certificate c enced foreign limited liability company to transact business in Florid	
Please return t	Il correspondence concerning this matter to the	following:	
	JAMI LAZAROV		
	, N	lame of Person	
	WYATT, TARRANT & COMI	BS, LLP	
	F	irm/Company	
	1715 AARON BRENNER DR., ST	E. 800	
	Address		
	MEMPHIS, TN 38120		
	City/S jlazarov@wyattfirm.com	state and Zip Code	
	•		
		d for future annual report notification)	
	rmation concerning this matter, please call:		
JI	EFF PRESLEY	345-8525 at (901)	
	Name of Contact Person	Area Code Daytime Telephone Number	
	ING ADDRESS:	STREET ADDRESS:	
	on of Corporations ration Section	Division of Corporations	
	30x 6327	Registration Section Clifton Building	
	assec, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	
	neck for the following a		
□ \$12	5.00 Filing Fee & Certificate of Status	## 155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate Certified Copy of Status & Certified Copy	

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

COMPANY TO TRANSACT E	ICTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTE BUSINESS INTELE STATE OF FLORIDA:	2) TO VEGISTEN W PORESON TEMETER	/ Larso((,a i s
MARC USA, I	LLC reign Limited Liability Company; must include "Limited Liability Com	many II II C & OF CIT C III	- -
(Name of Fo	reign Limites Casonity Company; must include Limited Liability Com	iparty, Lithes, or DDC. J	
If name unavailable, enter a	alternate name adopted for the purpose of transacting business in Florid	ia. The alternate name must include "Lir	nited
2. PENNSYLVANI	.1.		_
(Jurisdiction under the lav company is organized)	of which foreign limited liability (PEI nu October 29, 2015	imber, if applicable)	
l. <u> </u>	(Date first transacted business in Florida, if prior to registratio (See sections 605.0904 & 605.0905, F.S. to determine penalty li	on.) iability)	
5.			
	4841 SUMMER AVENUE, MEMPHIS, TN 38122		
	(Street Address of Principal Office)		
),	4841 SUMMER AVENUE, MEMPHIS, TN 38122		
·	(Mailing Address)	,	
7. Name and street addre	ess of Florida registered agent: (P.O. Box NOT acceptable)		
Name:	Paracorp Incorporated	•	
Office Address:		· .	
•	Tallahassee , Florida (City)	a 32301	
Dogistand agentle sees	(City)	(Zip code)	/)
Registered agent's acce _l Having been named as re	egistered agent and to accept service of process for the above si	tated limited liability company at th	e place
iesignated in this applica	ution, I hereby accept the appointment as registered agent and	agree to act in this capacity. I furth	ier agrae
o complywith the provisi iccept the obligations of	ions of all statutes relative to the proper and complete performs my position as registered agent.	ance of my auties, and i am juguite عندي	ir wun ana 1
	mv vosition as registered agent. Paracorp incorporated	ين ج پن ج	ξ ω
•	By: (Registered agent's signature)		
			ي <u>حدد</u> ي
	nacity and address of the person(s) who has/have authority to man Chairman; Anthony L. Bucci, CEO; Michele Fabrizi, P		ယ
rionier C. Patton, C	Chairman; Andiony E. Bucci, CEO; Michele Paorizi, F	Tesident,	ŗ
Stuart Zolot, Execu	ative Vice President & CFO; Jeffrey B. Presley, Secretar	ry/Treasurer	
	·		
Attached is a contificate	e of existence, no more than 90 days old, duly authenticated by the	he afficial having custody af records	in the
urisdiction under the law of the translator must be s	of which it is organized. (If the certificate is in a foreign language	ge, a translation of the certificate und	ler oath
,			
(Signature of an sufficiency person		
This document is execute submitted in a document t	d in accordance with section 605.0203 (1) (b), Florida Statutes. I to the Department of State constitutes a third degree felony as pro-	am aware that any false information wided for in s.817.155, F.S.	
	JEFF PRESLEY		
	Typed or printed name of signee		

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 10/29/2015

ENTITY NAME: Marc USA, LLC

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

SharonCase

Sharon Cooke, Assistant Secretary Paracorp Incorporated 15 OEC -3 AM 9: 37
SECRETARY OF STATE
TAMELAHASSEE FLORIES

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

10/12/2015

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Marc USA, LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

15 DEC -3 AM 9: 3



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Secretary of the commonwealth

Certification Number: TSC151012110183-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify.aspx