## M14000004927

(Re	questor's Name)			
(Ad	dress)			
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(Cit	y/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL.		
(Bu	siness Entity Nar	ne)		
(Document Number)				
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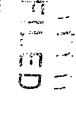


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SECRETARY OF STATE TALLAHASSEE, FLORIDA

6 MAY 23 NH IO: 50



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## **COVER LETTER**

, TO:

	Registration Section Division of Corpor							
SUBJEC		E SOLUTIONS GROUP LLC						
Name of Limited Liability Company								
				ansact Business in Florida," Certificate of ty company to transact business in Florida.				
Please re	turn all corresponde	nce concerning this matter to the	following:					
	ERIC BL	ACK						
	Name of Person							
	ADVANT	ADVANTAGE SOLUTIONS GROUP LLC						
	Firm/Company							
	160 N CO	160 N COUNTY LINE RD						
			Address					
	WICHITA, KS 67230							
	<del> </del>	City/S	tate and Zip Code					
	TBLACK@	VALENCYCOM.COM						
		E-mail address: (to be used	for future annual report no	tification)				
For furthe	er information conc	erning this matter, please call:						
	TREY BLACK		316 558-12	299				
•	Na	me of Contact Person		ytime Telephone Number				
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301						
	is a check for the for the for \$125.00 Filing For		\$155.00 Filing Fee & Certified Copy	1 \$160.00 Filing Fee, Certificate of Status & Certified Copy				



May 9, 2016

ERIC BLACK 160 N COUNTY LINE RD WICHITA, KS 67230

SUBJECT: ADVANTAGE SOLUTIONS GROUP LLC

Ref. Number: W16000033831

We have received your document for ADVANTAGE SOLUTIONS GROUP LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 716A00009689



## \*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:

ADVANTAGE SOLUT	IONS GROUP LLC  gn Limited Liability Company; must include "Limited Lia	ability Company," "L.L.C.," or	· "LLC.")
	ernate name adopted for the purpose of transacting busine	ess in Florida. The alternate nar	ne must include "Limited
Liability Company," "L.L.C," ( 2. KANSAS	or LLC. ) 46-5040618		
	f which foreign limited liability	(FEI number, if applicable	)
company is organized)	,	••	
4	(Date first transacted business in Florida, if prior t	o registration.)	_
5. 160 N COUNTY LINE	(See sections 605.0904 & 605.0905, F.S. to determine	ne penalty liability)	_
WICHITA, KS 67230			<del></del>
	(Street Address of Principal Office)		<b></b>
6. 160 N COUNTY LINE I	RD	· · · · · · · · · · · · · · · · · · ·	
WICHITA, KS 67230			•
	(Mailing Address)		- AE 16
7. Name and street address	of Florida registered agent: (P.O. Box NOT accep	ntable)	
Name:	REGISTERED AGENTS INC.		14 23 A-160
Office Address:	3030 N. Rocky Point Drive, STE 150A	<del></del>	
Office / Addiction.	TAMPA	 Florida 33607	FEST DO
-	(City)	, Florida (Zip code)	- 50 - 50
Registered agent's accepta	ance:	•	15
this application, I hereby a	istered agent and to accept service of process for th ccept the appointment as registered agent and agro atutes relative to the proper and complete perform	ee to act in this capacity. $oldsymbol{I}_i$	further agree to comply
the obligations of my positi		ance oj my aunes, ana 1 an	л <i>јатиш</i> е wин ина иссері
	Pill Havre	/Assistant Secretary/F	Registered Agents Inc
-	(Registered agent's signature)	)	<b></b>
8. The name, title or canac	ity and address of the person(s) who has/have author	city to manage is/are:	
	NTY LINE RD WICHITA, KS 67230	floor in not n	Panelsel -
AMRÓ		no cezan [i	<u> </u>
_ <i>HT]//()</i> /\		· · · · · · · · · · · · · · · · · · ·	
	of existence, no more than 90 days old, duly authenti f which it is organized. (If the certificate is in a fore		
of the translator must be sub		-666,	
	Free L. X Jack		
-	Signature of an authorized person	on .	
	n accordance with section 605.0203 (1) (b), Florida he Department of State constitutes a third degree fel		

## OFFICE OF SECRETARY OF STATE KRIS W. KOBACH

I, KRIS W. KOBACH, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 7702988

Entity Name: ADVANTAGE SOLUTIONS GROUP LLC

Entity Type: DOM: LTD LIABILITY COMPANY

State of Organization: KS

Resident Agent: ERIC L BLACK

Registered Office: 160 N 159TH STEET EAST, WICHITA, KS 67230

was filed in this office on March 10, 2014, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.

THE OF THE PARTY O

In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of May 02, 2016

KRIS W. KOBACH SECRETARY OF STATE

Certificate ID: 795506 - To verify the validity of this certificate please visit <a href="https://www.kansas.gov/bess/flow/validate">https://www.kansas.gov/bess/flow/validate</a> and enter the certificate ID number.