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(((H160003110443)))



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Division of Corporations
Fax Number : (850)617-6383

Account Name : C T CORPORATION SYSTEM
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

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Foreign Limited Liability Company Summit Food Service, LLC

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Certificate of Status	0
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K. SALY

7397

COVER LETTER

SUBJECT: Summit Food Service, LLC	Limited Liability Company	
Name of	innited frability Company	
The enclosed "Application by Foreign Limited Liability Comp Existence, and cheek are submitted to register the above refere	pany for Authorization to Tra- enced foreign limited liability	nsact Business in Florida," Certificate o y company to transact business in Florid
Please return all correspondence concerning this matter to the	following:	
	ame of Person	
F.	irm/Company	
· · · · · · · · · · · · · · · · · · ·	Address	
Civils	itate and Zip Code	
Cityra	nate and Zip Code	
Sean.Welsh@elior-na.com		
E-mail address: (to be use	d for future annual report no	uncation)
For further information concerning this matter, please call:		
	at ()	rtime Telephone Number
Name of Contact Person	Area Code Day	time Telephone Number
MAILING ADDRESS:		FADDRESS:
Division of Corporations Registration Section	Division of Corporations Registration Section	
P.O. Box 6327	Clifton Bullding	
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for the following amount:		

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: [Summit Food Service, LLC (Name of Foreign Limited Liability Company; aust include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in FlorIda. The alternate name nurst include "Limited Liability Company," "L.L.C," or "LLC.") 20-1147818 2. New Mexico (Javisdiction under the law of which foreign limited liability (FE) number, if applicable) company is organized) Upon Qualification (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5. 2703 Broadbent Parkway, Suite F, Albuquerque, NM 87107 (Street Address of Principal Office) 6. Same (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: Office Address: 1200 South Pine Island Road Plantation _, Florida 33324 Registered agent's acceptance: 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 application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. CT Corporation System and Wit (Registered agent's signature) April Winenwyler, Ast. Secretary 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Michael Bailey, 2703 Broadbent Parkway, Suite F, Albuquerque, NM 87107 Manager Manager Thomas Cusimano, 2703 Broadbent Parkway, Suite F, Albuquerque, NM 87107 Brian Poplin, 2703 Broadbent Parkway, Suite F, Albuquerque, NM 87107 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) Signature of an authorized person This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any fulse information

submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Hugh Totman
Typed or printed name of signee

2016 DEC 20 AM 10: 05
TALLAHASSEE. FLORIDA

: },

Attachment to Florida Member / Manager Information

Mitch Speicher ŀ Full Name:

Member/Manager: Manager

2703 Broadbent Parkway, Suite F Business Address:

Albuquerque City:

NM State: 87107 ZIP Code:

Full Name: Hugh Totman

Member/Manager: Manager

Business Address: 2703 Broadbent Parkway, Suite F

Albuquerque City:

NM State: 87107 ZIP Code:

OFFICE OF THE SECRETARY OF STATE NEW MEXICO

Certificate of Good Standing and Compliance

IT IS HEREBY CERTIFIED THAT:

SUMMIT FOOD SERVICE, LLC 2879062

the above named entity, a Company organized under the laws of New Mexico, is duly authorized to transact business in New Mexico as a Domestic Limited Liability Company, under the

Limited Liability Company Act

53-19-1 to 53-19-74 NMSA 1978

having filed its Articles of Organization on May 11, 2007, and Certificate of Organization issued as of sald date.

It is further certified that the fees due to the Office of the Secretary of State which have been assessed against the above named entity have been paid to date and the entity is in good standing and duly authorized to transact business as its existence has not been revoked in New Mexico. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's financial condition or business activities and practices.

Certificate Issued: December 15, 2016

In testimony whereof, the Office of the Secretary of State has caused this certificate to be signed on this day in the City of Santa Fe, and the seal of said office to be affixed hereto.



Maggie Toulouse Oliver Secretary of State

Certificate Validation #: 0007135

A certificate issued electronically from the New Mexico Secretary of State's office is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Validation option on the Business Filing System at https://portalises.state.nim.us/bfs/online and following the instructions displayed under Certificate Validation.

850-617-6381

12/21/2016 1:55:23 PM PAGE 1/001 Fax Server



December 21, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: SUMMIT FOOD SERVICE, LLC

REF: W16000084971

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

Certificate must be from Home State, need certificate from New Mexico not Minnesota,

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.

Stacey M Warren Regulatory Specialist II FAX Aud. #: E16000311044 Letter Number: 716A00027085

RECEIVER
2016 DEC 30 AM II: 04
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