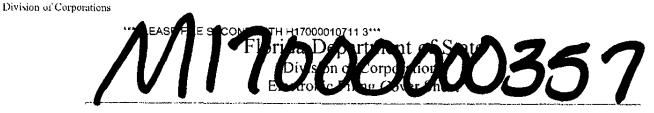
To: Page 2 of 5

2017-01-11 16:46:47 CST

19542080845 From: Ranae McGraw



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.

(((H170000107123)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845 Fax Number

\*\*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 FILE SECOND WITH H17000010711 3\*\*\*

## Foreign Limited Liability Company OVATIONS FOOD SERVICES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

\*\*\*PLEASE FILE SECOND WITH H17000010711 3\*\*\*

PLEASE FILE SECOND WITH H17000010711 3\*\*\*

Electronic Filing Menu

Corporate Filing Menu, PLEASE FILE SECOND WITH H17000010711 3\*\*\*

""PLEASE FILE SECOND WITH H17000010711 3""

\*\*\*PLEASE SILVINGO WITH H17000010711 3\*\*\* JAN 13 2017

""PLEASE FILE SECOND WITH H17000010711 3""

\*\*\*PLEASE FILE SECOND WITH H17000010711 3\*\*\*

COVER LETTER

Ovations Food S	• –			
	Name of	Limited Liability (	Company	<del></del>
The enclosed "Application by Existence, and check are subm	Foreign Limited Liability Com litted to register the above refer	pany for Authoriza enced foreign limit	tion to Trans ed liability c	act Business in Florida," Certificate ompany to transact business in Flor
Please return all corresponden	ce concerning this matter to the	following:		
Judy Pizzie	a			
***************************************	7	lame of Person	<del></del>	·
Comcast Sp	octacor, LLC			
<del>144, 11, 14, 14, 14, 14, 14, 14, 14, 14,</del>	F	irm/Company		
3601 S. Bro				
		Address		<del></del>
Philadelphia	a, PA 19148			
	City/S	State and Zip Code		del to
judy_pizzica(	@comcastspectacor.com			
	E-mail address; (to be use	d for future annual	report natifi	cation)
or further information concer	ning this matter, please call:			
Judy Pizzies		215 at (	952-5218	
Nam	e of Contact Person	Area Code	Daytin	ne Telephone Number
MAILING ADDRES Division of Corporation Registration Section P.O. Box 6327			STREET A Division of Registration Clifton Buil	Corporations Section
Tallahassee, FL 3231	4			tive Center Circle
			TETETHANSEC,	1.12.02001

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

IN COMPLANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Ovations Food Services, LLC (Name of Foreign Limited Liability Company; must 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 must include "Limited Liability Company," "L.L.C," or "LLC.") 2. Pennsylvania (Jurisdiction under the law of which foreign limited liability company is organized) (FE) number, if applicable) At registration (Date flist transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 3601 S. Broad Street Philadelphia, PA 19148 (Street Address of Principal Office) 3601 S. Broad Street Philadelphia, PA 19148 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation (City) 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 fumiliar with and accept the obligations of my position as registered agent. C T Corporation System ANN J. WILLIAMS Assistant Vice President (Registrodagent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Member Managed - Comcast SV Holding Company Philip I. Weinberg - Director/President/Secretary of Comcast SV Holding Company Gary E. Rostick - Director/Treasurer/Assistant Secretary of Comcast SV Holding Company 9. Attached is a certificate of existence, in more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is pranized (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 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.

Typed or pilnted name of signee

Philip I. Weinberg

## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE 01/11/2017

## TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Ovations Food Services, 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 awed to the Commonwealth of Pennsylvania are paid.



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: TSC170111161655-1

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