

M17000001514

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

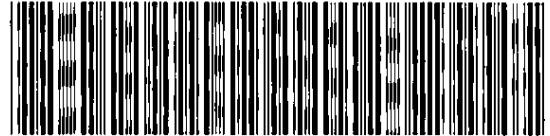
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W17-14384 639

Office Use Only



300295419653

FEB 22 2017
S. YOUNG

17 FEB 17 AM 8:43

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 FEB 17 PM 12:20

RECEIVED
FEB 17 2017
10:00 AM
SOUTH FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 20, 2017

CT CORP

SUBJECT: ALLPOINTS FOODSERVICE PARTS AND SUPPLIES, LLC
Ref. Number: W17000014384

*Please try again -
a withdrawal
was filed
1st*

We have received your document for ALLPOINTS FOODSERVICE PARTS AND SUPPLIES, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer acceptable.

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 017A00003248

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17 FEB 21 PM 3:04
RECEIVED

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

850-508-1891 (cell)

Date: 2-17-17
ACCT. I20160000072

en: c SW

Name:	All Points Foodservice Parts and Supplies
Document #:	
Order #:	10373691

Certified Copy of Arts & Amend:			
Plain Copy:			
Certificate of Good Standing:			
Apostille/Notarial Certification:		Country of Destination:	
		Number of Certs:	

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FILED
SECRETARY OF STATE
TALLAHASSEE, FL 32310

Filing:	Certified: "
	Plain:
	COGS:

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 125

Thank you!

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:

1. Allpoints Foodservice Parts and Supplies, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

N/A

(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. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 20-4730656
(FEI number, if applicable)

4. Upon filing.
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 607 W. Dempster Street
Mount Prospect, IL 60056
(Street Address of Principal Office)

6. 607 W. Dempster Street
Mount Prospect, IL 60056
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

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 comply with 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.

By: C T Corporation System Cristie Myers Cristie Myers, Asst. Vice Pres.
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Michael C. Cate, Chief Executive Officer and President, 607 W. Dempster Street, Mount Prospect, IL 60056

Kenneth Gradman, Chief Financial Officer and Secretary, 607 W. Dempster Street, Mount Prospect, IL 60056

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]
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.

Kenneth Gradman, Chief Financial Officer and Secretary
Typed or printed name of signer

17 FEB 17 AM 8:43
SECRETARY OF STATE
FILED

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALLPOINTS FOODSERVICE PARTS AND SUPPLIES, 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 SIXTEENTH DAY OF FEBRUARY, A.D. 2017.

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

17 FEB 17 AM 8:43
SECRETARY OF STATE
J. BULLOCK




Jeffrey W. Bullock, Secretary of State

4134912 8300

SR# 20170977215

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

Authentication: 202053438

Date: 02-16-17