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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA00000023 Phone (512)418-6949 Fax Number : (954)208-0845

er the email address for this business entity to be used to annual report mailings. Enter only one email address please. **Enter the email address for this business entity to be used for med

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Foreign Limited Liability Company Aramark Processing, LLC

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" SULKER

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 LIMITED COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Aramark Processing, L. (Name of For	reign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter at Liability Company," "L.L.C,	alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited," or "LLC,")
2. Delaware	3, 26-2621089
(Jurisdiction under the law company is organized)	v of which foreign limited hability (PBI number, if applicable)
4. Upon Qualification	
-, 	(Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty fiability)
5. 1101 Market Street, Ph	hiladelphia, PA 19107
-	(Street Address of Principal Office)
6. Same	
	(Mailing Address)
7 Name and street address	ess of Florida registered agent: (P.O. Box NOT acceptable)
	The E
Name:	C T Corporation System
Office Address:	1200 South Pine Island Road
	Plantation , Florida 33324
Registered agent's accep	(City) (Zip code)
Having been named as to designated in this applica to complywith the provisi	egistered agent and to accept service of process for the above stated limited liability company at the place ation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree tons of all statutes relative to the proper and complete performance of my duties, and I am familiar with an my position as registered agent. By: Mario T. Chambers Special Assistant Secretary
G 778 464	(Registered agent's signature)
	acity and address of the person(s) who bas/have authority to manago is/are:
mana ec by soil	emember: Aramark Management Services Limited Partnership.
1101 Market S	Street, Philodelphia, PA 19107
9. Attuched is a certificate jurisdiction under the law of the translator must be st	Palmen Papae
	Signature of an authorized person
	d in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

By: Aramark SMMS LLC. General Partner by Patricia Ragone, VP
Typed or printed name of signee

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HERESY CERTIFY "ARAMARK PROCESSING, 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 SECOND DAY OF JUNE, A.D. 2017.

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SR# 20174550835

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Date: 06-02-17

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