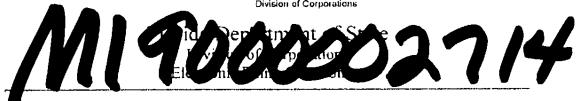
3/15/2019

Division of Corporations



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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

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March 19, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT CORP

SUBJECT: TSG OVIEDO, LLC

REF: W19000027013

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

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks. We have received your document for TSG OVIEDO, LLC and the authorization to debit your account in the amount of \$. However, the document has not been filed and is being returned for the following: Amount charged: 155.00

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

TSG Oviedo, LLC	• •	••			<u>. </u>
(Name of Forei	on Limited Liability Company, must	include "Limited Liability	Company." L.L.C." or "L	(C.'')	
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794 Penllyn Blue Be			94 Penllyn Blue Bell P	ike, Suite 219	
(Street Address	of Principal Office)		(Mailin)	بــ (سائلة)	- .
Blue Bell, PA 19427		· ·	Blue Bell, PA 19427		
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7. Name and <u>street add</u> Name:	CT Corporation System				. చ
	1200 South Pine Island R	ઇલલે			

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.

James M. Halpin
Assistant Secretary

To:	Page	5	αŧ	í
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Nile or Capacity:	Name and Address:	Title or Capacit	v: Name and Address
Marager	Name ML Food Group, LLC	☐ Manager	Name
Member	Address: 794 Penllyn Blue Bell Pike	Member	Address
Authorized	Suite 219	Authorized	
Person	Blue Beil, PA 19427	Person	
Other	Other	Other	Other
☐Manager	Name.	☐ Manager	Name:
☐ Member	Address:	Member	Address.
Authorized		☐ Authorized	
Person		Person	27 O C
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9. Attached is a ce jurisdiction under of the translator m	Use an attachment to report more than six (6) is may be added to the index when filing your rufficate of existence, no more than 90 days of the law of which it is organized. (If the certificate be submitted) t is executed in accordance with section 605 0 nument to the Department of State constitutes a	Florida Department of Si ld, duly authenticated by icate is in a foreign langua (203 (1) (b), Florida Statu	the official having custody of records age, a translation of the certificate und tes. I are aware that any false informat



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "TSG OVIEDO, 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 FIFTEENTH DAY OF MARCH, A.D. 2019.

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

e at corn delaware gov/autho

Authentication: 202453450

Date: 03-15-19