

1/18/2021

Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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## To:

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

## From:

Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850)521-0821  
Fax Number : (850)558-1515

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

Email Address: \_\_\_\_\_

**Foreign Limited Liability Company  
E15, LLC**

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

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Corporate Filing Menu

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: E15, LLC**

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Stephanie Smith

\_\_\_\_\_  
Name of Person

Compass Group USA, Inc.

\_\_\_\_\_  
Firm/Company

2400 Yorkmont Road

\_\_\_\_\_  
Address

Charlotte

\_\_\_\_\_  
City/State and Zip Code

patty.carpenter@compass-usa.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephanie Smith

704

328-7671

at ( )

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

**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. E15, 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. Illinois  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(FEI number, if applicable)

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

5. 980 North Michigan Ave, Suite 400  
(Street Address of Principal Office)

6. 2400 Yorkmont Road  
(Mailing Address)

Chicago, IL 60611

Charlotte, NC 28217

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301  
(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.

Corporation Service Company

By: \_\_\_\_\_

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Compass Group USA, Inc.</u>	<input type="checkbox"/> Manager	Name: <u>Adrian Meredith</u>
<input checked="" type="checkbox"/> Member	Address: <u>2400 Yorkmont Road</u>	<input type="checkbox"/> Member	Address: <u>2400 Yorkmont Road</u>
<input type="checkbox"/> Authorized	<u>Charlotte, NC 28217</u>	<input checked="" type="checkbox"/> Authorized	<u>Charlotte, NC 28217</u>
Person		Person	<u>President &amp; CFO</u>
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: <u>Daniel Thomas</u>	<input type="checkbox"/> Manager	Name: <u>Richard Rossitch</u>
<input type="checkbox"/> Member	Address: <u>2400 Yorkmont Road</u>	<input type="checkbox"/> Member	Address: <u>2400 Yorkmont Road</u>
<input checked="" type="checkbox"/> Authorized	<u>Charlotte, NC 28217</u>	<input checked="" type="checkbox"/> Authorized	<u>Charlotte, NC 28217</u>
Person	<u>Treasurer</u>	Person	<u>Assistant Secretary</u>
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: <u>Jennifer McConnell</u>	<input type="checkbox"/> Manager	Name: <u>Deborah Delano</u>
<input type="checkbox"/> Member	Address: <u>2400 Yorkmont Road</u>	<input type="checkbox"/> Member	Address: <u>2400 Yorkmont Road</u>
<input checked="" type="checkbox"/> Authorized	<u>Charlotte, NC 28217</u>	<input checked="" type="checkbox"/> Authorized	<u>Charlotte, NC 28217</u>
Person	<u>Secretary, GC and EVP</u>	Person	<u>Assistant Secretary-Tax</u>
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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)

10. 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.



Signature of an authorized person

Richard Rossitch

Typed or printed name of signee

**File Number**

0490126-6



***To all to whom these Presents Shall Come, Greeting:***

***I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that***

***E15, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON AUGUST 04, 2014, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.***



***In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 15TH day of JANUARY A.D. 2021 .***

*Jesse White*

SECRETARY OF STATE