

BU7660000146

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

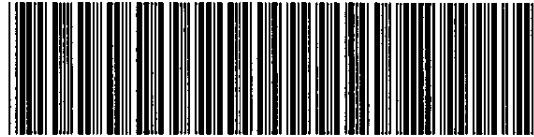
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED

07 MAY - 1 PM 4:16

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

07 MAY - 1 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OT Conperchi

May 1, 2007

Department of State, Florida
Clifton Building
2611 Executive Center Circle
Tallahassee FL 32301

FILED
07 MAY - 1 AM 10:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Order #: 6916424 SO
Customer Reference 1: 38233
Customer Reference 2: 249

Dear Department of State, Florida:

Please obtain the following:

[Signature]
Sun Capital Partners V, Ltd. (C.I.)
Registration
Florida

[Signature]
Sun Capital Advisors V, L.P. (C.I.)
Registration
Florida

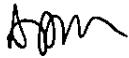
[Signature]
Sun Capital Partners V, L.P. (C.I.)
Registration
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

*Fite
Thine*

Sincerely,



Ashley A Mitchell
Fulfillment Specialist
Ashley.Mitchell@wolterskluwer.com

FILED
07 MAY - 1 AM 10:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINESS IN FLORIDA

FILED
07 MAY - 1 AM 10:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. SUN CAPITAL PARTNERS V, L.P.

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.
or LLLP.

(If name unavailable, name under which the limited partnership or limited liability limited partnership
proposes to register to transact business in Florida; must contain acceptable suffix.)

2. CAYMAN ISLANDS

(State or Country of Formation)

3. FEBRUARY 13, 2007

(Date of Formation)

4. CT CORPORATION SYSTEM

(Name of Registered Agent for Service of Process)

5. 1200 SOUTH PINE ISLAND ROAD

(Florida street address for Registered Agent)

PLANTATION, FL 33324

6. 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.

Connie Bryan

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY

Signature of Registered Agent

7. 5200 TOWN CENTER CIRCLE, SUITE 470

(Principal office address)

BOCA RATON, FL 33486

8. If limited partnership is a limited liability limited partnership, check box ☐

9. 5200 TOWN CENTER CIRCLE, SUITE 470

(Mailing address)

BOCA RATON, FL 33486

10. Name, principal office address, and mailing address of each general partner:

SUN CAPITAL ADVISORS V, L.P.

(Name)

5200 TOWN CENTER CIRCLE, SUITE 470

(Street Address)

BOCA RATON, FL 33846

BO 7000 60145

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

_____	_____
(Name)	(Street Address)
_____	_____
_____	(Mailing Address)
_____	_____
(Name)	(Street Address)
_____	_____
_____	(Mailing Address)
_____	_____

11. Effective date, if other than the date of filing: UPON QUALIFICATION.

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 24th day of APRIL, 202007.

Signature of a general partner:
 SUN CAPITAL ADVISORS V, L.P. BY ITS GENERAL PARTNER
 SUN CAPITAL PARTNERS V, LTD.

Michael McConvery

BY: MICHAEL J. MCCONVERY, *Authorized Person*

Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

WK-19253

Certificate of Good Standing of a Partnership

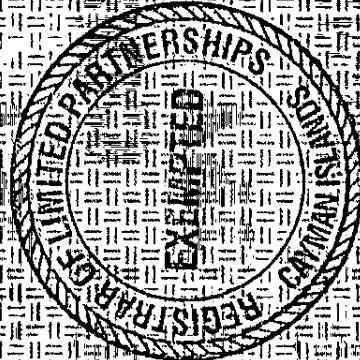
TO WHOM IT MAY CONCERN

I DO HEREBY CERTIFY that

Sun Capital Partners V. L.P.

is a partnership duly organized and existing under and by virtue of the laws of the Cayman Islands as at the date of this certificate in Good Standing with this office, and duly authorized to exercise therein all the powers vested in the partnership.

Given under my hand and Seal at George Town in the Island of Grand Cayman this 25th day of April Two Thousand Seven



[Signature]

An Authorised Officer,
Registrar of Partnerships,
Cayman Islands