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To:

Division of Corporations

Pax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 : (850)878-5926

Fax Number

FLORIDA/FOREIGN LP/LLLP

Sun Capital Securities Managment Services III, LP

Certificate of Status	0
Certified Copy	0
Page Count	05.
Estimated Charge	\$1,000.00

D. BRUCE

MAY 15 2008

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

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

1. SUN CAPITAL SECURITIES MANAGEMENT SERVICES III, LP

(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 lir proposes to register to transact busine	mited partnership or limited liability limited partnership ess in Florida; must contain acceptable suffix.)
DELAWARE	_{3.} May 7, 2008
(State or Country of Formation)	(Date of Formation)
4. CT CORPORATION SYSTE	M
(Name of Registered	Agent for Service of Process)
5, 1200 SOUTH PINE ISLAND	ROAD
(Florida street add	ress for Registered Agent)
PLANTATION, FL 33324	
Signature of	of Registered Agent
5200 TOWN CENTER CIRCLE	, SUITE 600
(Principa	al office address)
BOCA RATON, FL 33486	N.S.
8. If limited partnership is a limited liabil	lity limited partnership, check box
Pa	age 1 of 3
	p=== (C)
	OF 34 STATE ORIDI
	₹, i, t

(Mailing address)				
BOCA RATON, FL 33486				
0. Name, principal office address, an	nd mailing address of each general partner:			
SUN CAPITAL SECURITIES MANAGEMENT SERVICES III, LLC (Name)	5200 TOWN CENTER CIRCLE SUITE 600 (Street Address)			
				BOCA RATON, FL 33486
		(Mailing Address)		
(Name)	(Street Address)			
	(Mailing Address)			
(Name)	(Street Address)			
	(Mailing Address) (Mailing Address) (Mailing Address)			
	ASS.			
(Name)	(Street Address)			
	R: TAT			
	(Mailing Address)			

Page 2 of 3

(Name)		(Street Address)	——————————————————————————————————————	
(Narué)		(Mailing Address)	····	
		(Street Address)		٠
		(Mailing Address)		
11. Effective date, if other than the date of	filing:		·	
(Effective date cannut be prior to no filed by the Florida Department of S		zys after the date this documer	ut is	
12. Attached is a certificate of existato the delivery of this application to State or other official having custod law of which it is organized.	the Florida Depar	tment of State, by the Secretar	ry of	. ·
Signed this 8th day o	of MAY	,20 08	~ ~ ~	
Signature of a general partner:	,		MA E	ij
mare Desauce			T G: 34 STATE FLORID	
Mark Hajduch, Vicer-realdent		-		2
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965) \$52.50 \$8,75	Piling Pcc and \$35 Registered Agent	: Fee)	

Page 3 of 3

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Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SUN CAPITAL SECURITIES MANAGEMENT SERVICES III, LP" 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 EIGHTH DAY OF MAY, A.D. 2008

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

OB MAY IL AM 8: 34
SECRETARY OF STATE
TALLAHASSEE ET OBJE

4544293 8300

080523318

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

Darriet Smile Windson

Harrist Smith Windsor, Secretary of State

AUTHENTICATION: 6579358

DATE: 05-08-08