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Account Number: 075410001517

Phone : (561)833-7700

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: (561)655-8719

FLORIDA/FOREIGN LP/LLLP

Antares Capital Fund IV Parallel Limited Partnership

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J. BRYAN

OCT -1 2008

EXAMINER Help

Corporate Filing Menu

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

1 Antares Capital Fund IV Pa	
Acceptable Limited Partnership suffixes Limited l	vility Limited Partnership, which must include suffix) Partnership, Limited, L.P., LP, ar Ltd. ufficus: Limited Liability Limited Partnership, L.L.L.P
or LLLP	dienes triumer mercial brainers in not suit, the the
(If name unavailable, name under which the lim proposes to register to transact business	aited partnership or limited liability limited partnership in Florida; must contain acceptable suffix.)
_{2.} Delaware	_{3.} June 1, 2007
(State or Country of Formation)	(Date of Formation)
4. Antares Capital Corporati	ion
	gent for Service of Process)
5_9999 NE 2ND AVE STE 3	306
(Florida street addre	ses for Registered Agent)
Miami FL 33138	
	gent and agree to act in this capacity. I further agree to the proper and complete performance of my duties, my position as registered agent.
	63 /A
Signature of I	Registered Agent By: Randall E. Poliner, President
, 9999 NE 2ND AVE STE 306	
(Principal o	office address)
Miami FL 33138	
3. If limited partnership is a limited liability	y limited partnership, check box
Page	e 1 of 3

(Mail	ing address)	
Malbourne FL 32952		
. Name, principal office address, and m	ailing address of each general partner:	
#L07 <i>00005795</i> 9 ntares Capital Partners IV, L.L.C.	P.O. BOX 410730	
(Name)	(Street Address) Melbourne FL 32952	
	(Mailing Address)	 2 80
(Name)	(Street Address)	08 SEP 30 A
	(Mailing Address)	— 34 8: Tab
(Namo)	(Street Address)	
	(Mailing Address)	
(Name)	(Street Address)	
	(Mailing Address)	

Page 2 of 3

		
(Name)	(Street A	ddress)
	(Mailing	Address)
(Name)	(Street A	ddress)
	(Mailing	Address)
. Effective date, if other than the date of	of filling Upon filling	***************************************
ffective date cannot be prior to i ed by the Florida Department of	nor more than 90 days after the da	ne this document is
ea oy use rioraa Department oj	(State.)	
Attached is a certificate of exist the delivery of this application to ate or other official having custo	state.) Attence duly authenticated, not more of the Florida Department of State, dy of the entity's records in the ju	by the Secretary of
2. Attached is a certificate of exist the delivery of this application that or other official having custow of which it is organized.	stence duly authenticated, not more of the Florids Department of State, dy of the entity's records in the ju	by the Secretary of
2. Attached is a certificate of existing delivery of this application that or other official having custow of which it is organized.	stence duly authenticated, not more of the Florida Department of State, dy of the entity's records in the ju	by the Secretary of risdiction under the
2. Attached is a certificate of exist the delivery of this application that or other official having custow of which it is organized. 25th day	stence duly authenticated, not more of the Florida Department of State, dy of the entity's records in the just of September	by the Secretary of risdiction under the

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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 "ANTARES CAPITAL FUND IV PARALLEL LIMITED PARTNERSHIP" 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 TWENTY-PIFTH DAY OF SEPTEMBER, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ANTARBS CAPITAL FUND IV PARALLEL LIMITED PARTNERSHIP" WAS FORMED ON THE FIRST DAY OF JUNE, A.D. 2007.

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

4362630 8300

080988569

AUTHENTICATION: 6876463

DATE: 09-25-08

Harriet Smith Windsor, Secretary of State

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