

Division of Corporations

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To:

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

From:

Account Name : EDWARDS, ANGELL, PALMER & DODGE, LLP
Account Number : 075410001517
Phone : (561)833-7700
Fax Number : (561)655-8719

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Antares Capital Fund IV Limited Partnership

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. Antares Capital Fund IV Limited Partnership

*(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. Delaware

(State or Country of Formation)

3. June 1, 2007

(Date of Formation)

4. Antares Capital Corporation

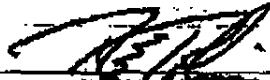
(Name of Registered Agent for Service of Process)

5. 9999 NE 2ND AVE STE 306

(Florida street address for Registered Agent)

Miami FL 33138

*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*



Signature of Registered Agent By: Randall E. Pollner, President

7. 9999 NE 2ND AVE STE 306

(Principal office address)

Miami FL 33138

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

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9. P.O. BOX 410730

(Mailing address)

Melbourne FL 32952

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

Antares Capital Partners IV, L.L.C.

(Name)

P.O. BOX 410730

(Street Address)

Melbourne FL 32952

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

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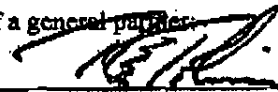
_____	_____
(Name)	(Street Address)
_____	_____
_____	(Mailing Address)
_____	_____
(Name)	(Street Address)
_____	_____
_____	(Mailing Address)
_____	_____

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

(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 25th day of September, 2008

Signature of a general partner: 

Antares Capital Partners IV, LLC
By: Randell E. Pollner, Manager

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

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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 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-FIFTH DAY OF SEPTEMBER, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ANTARES CAPITAL FUND IV 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.



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

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AUTHENTICATION: 6876462

DATE: 09-25-08

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