

BO9000000037

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FILED

09 MAR 12 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

MAR 13 2009

EXAMINER



CAPITAL PARTNERS

March 11, 2009

Florida Department of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Application by SK Capital Partners II, L.P

Dear Sir or Madam:

Enclosed please find an *Application by Foreign Limited Partnership or Limited Liability Limited Partnership To Transact Business in Florida*, filed on behalf of SK Capital Partners II, L.P., along with check no. 1106 representing the filing fee.

Please process this application and return documentation to our Florida office as follows:
1515 North Federal Highway, Suite 405, Boca Raton, Florida, 33432.

Should you have any questions, please feel free to contact the undersigned.

Very truly yours,

A handwritten signature in black ink, appearing to read 'Ana P. Wilson', with a long horizontal flourish extending to the right.

Ana P. Wilson
Paralegal to
Mark N. Delevie
General Counsel

/apw
Enc: as stated

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SK CAPITAL PARTNERS II, L.P.

(Name of Foreign Limited Partnership or Limited Liability Limited Partnership)

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida. Please return all correspondence concerning this matter to:

MARK N. DELEVIE

(Contact Person)

SK CAPITAL MANAGEMENT, LLC.

(Firm/Company)

1515 NORTH FEDERAL HIGHWAY, SUITE 405

(Address)

BOCA RATON, FL 33443

(City, State and Zip Code)

For further information concerning this matter, please call:

Mark Delevie

(Name of Contact Person)

at (**561**) **362-6370**

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$1,000.00 Filing Fees
(\$965 Filing Fee and
\$35 Registered Agent
Fee)

☐ \$1,008.75 Filing Fees
and Certificate of
Status

☐ \$1,052.50 Filing Fees
and Certified Copy

☐ \$1,061.25 Filing Fee,
Certified Copy, and
Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

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

FILED
09 MAR 12 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. SK CAPITAL PARTNERS, II, 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. DELAWARE

(State or Country of Formation)

3. JANUARY 30, 2008

(Date of Formation)

4. ANA WILSON

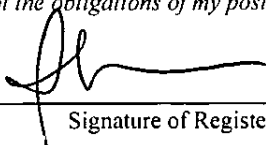
(Name of Registered Agent for Service of Process)

5. 1515 NORTH FEDERAL HIGHWAY, SUITE 405

(Florida street address for Registered Agent)

BOCA RATON, FLORIDA 33432

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

7. 400 PARK AVENUE, SUITE 810

(Principal office address)

NEW YORK, NY 10022

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

9. same as No.7, above

(Mailing address)

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

SK Capital Investment, LLC

(Name)

m08-2281

400 Park Avenue, Suite 810

(Street Address)

New York, NY 10022

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

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MAR 12 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

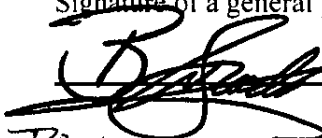
11. Effective date, if other than the date of filing: _____.

(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 10th day of March, 20 09.

Signature of a general partner:



PRESIDENT, SE Capital Investment, LLC

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

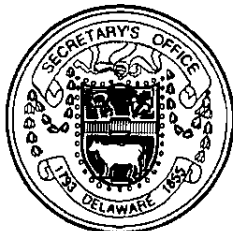
Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SK CAPITAL PARTNERS II, L.P." 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 TENTH DAY OF MARCH, A.D. 2009.

FILED
09 MAR 12 AM 11:49
SECRETARY OF STATE
TALAMON@STATE.DE



4497624 8300

090251173

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


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 7176621

DATE: 03-10-09