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Division of Corporations  
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## FLORIDA/FOREIGN LP/LLLP

## Sun Capital Advisors IV Preferred, LP

Certificate of Status	0
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**M. THOMAS**

SEP 24 2009

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

1. SUN CAPITAL ADVISORS IV PREFERRED, 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 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. SEPTEMBER 22, 2009

(Date of Formation)

4. CT CORPORATION SYSTEM

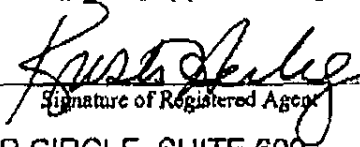
(Name of Registered Agent for Service of Process)

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.

  
Signature of Registered Agent

Kristine Heiberger  
Assistant Secretary

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

7. 5200 TOWN CENTER CIRCLE, SUITE 600

(Principal office address)

BOCA RATON, FL 33486

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

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9. \_\_\_\_\_  
(Mailing address)

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

SUN CAPITAL PARTNERS IV, LLC 5200 TOWN CENTER CIR., STE. 600  
(Name) (Street Address)  
BOCA RATON, FL 33486

*Ind-3846*

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

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TALLAHASSEE, FLORIDA

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\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(Mailing Address)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(Mailing Address)

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 23 day of SEPTEMBER, 20 09

Signature of a general partner:  
SUN CAPITAL PARTNERS IV, LLC

  
MICHAEL J. MCCONVERY, VICE PRESIDENT

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, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SUN CAPITAL ADVISORS IV PREFERRED, 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 TWENTY-THIRD DAY OF SEPTEMBER, A.D. 2009.

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

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TALLAHASSEE, FLORIDA



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at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 7543187

DATE: 09-23-09