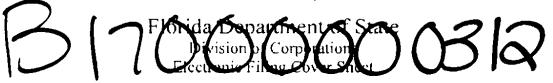
12/19/2017

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (512)418-6949 Fax Number : (954)208-0845

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:_____

FLORIDA/FOREIGN LP/LLLP

Sun Ice Cream Finance III, LP

| Certificate of Status | 0 |
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Electronic Filing Menu Corporate Filing Menu

Help J. HARRIS

To: Page 3 of 5

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

| L SunlceCreamFin | nanceIII,1.P | | | _ | |
|--|---|---|--|--|----------|
| (Name of L. | imited Partnership or Limited Liability Partnership suffixes: Limited Partnership Liability Limited Partnership suffixes: Lin | o, Limited, L.P., LP, or Ltd. | | | |
| If name unavailable | name under which the limited partnersh business in Florida; | ip or limited liability limited partnershi must contain acceptable suffix. | p proposes to re | egister to | transact |
| 5 Delaware | | 3 12/15/2017 | | | |
| <u>-</u> | ate or Country of Formation | Date of Forma | ation | • | |
| 4.Federal Employe | r Identification Number: | | | | |
| 5. Name of Register | red Agent for Service of Process and Flo | orida Street Address: | | | |
| C T Corporation Sy | | | | | |
| 1200 South Pine Isla | and Road | | | | |
| Plantation, Florida 3 | 33324 | | | | |
| of all standes rek my position as reg | By: | ance of my duties, and I am familiar wi | th and accept the Comberly Laughrey | ie obligai | uons oj |
| 7. Principal Office: | | 8. Mailing Address: | | | |
| · · · · · · · · · · · · · · · · · · · | | 5200TownCenterCircle | | _ | |
| Suite600 | | Suite600 | | _ | |
| BocaRaton,FL334 | 86 | BocaRaton,FL33486 | | - 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | |
| 9. If limited partne | ership is a limited liability limited parti | nership, check box. | - | | 1 62 |
| 10. Name, principal office address, and mailing address of each partner: SunHoldingsV,LLC NGC0000 | | of each general partner: 940000~310 Name of General Partner: | | ري نا نا | * |
| | 5200 Lown Center Circle, State 600 | Street Address: | | <u> </u> | • |
| Street Address: Boog Raton FI 33486 | BocaRaton,FL33486 | AILCO FIGURES. | | έņ | |
| Mailing Address | s: | Mailing Address: | | ¥" | |
| • | | | | | |
| Name of Genera | al Partner: | | | | |
| Street Address: | | Street Address? | | | |
| Mailing Addres | s: | | | | |
| | | Page 1 of 2 | | | |

118

| Name of General Partner: | Name of General Partner: |
|--|---|
| Street Address: | Street Address: |
| | |
| | |
| Mailing Address: | Mailing Address; |
| | |
| | · · · · · · · · · · · · · · · · · · · |
| 11. Effective date, if other than the date of filing: (Effective date cannot be prior to nor more than 90 day Note: If the date invested in this block does not meet the | ys after the date this document is filed by the Florida Department of State.) ne applicable statutory filing requirements, this date will not be listed as the |
| document's effective date on the Department of State's | ; records. |
| the law of which it is organized. December | or other official having custody of the entity's records in the jurisdiction under |
| Signed this day of | Ulings V. LLC |
| BY: MIC | Signature of a general partner CHAEL J. McCONVERY, ITS VICE PRESIDENT facts stated herein are true and the individual is aware that false information institutes a third degree felony as provided for in s.817.155, F.S. |
| Filing Fees: | \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) |
| Certified Copy (optional): Certificate of Status (optional): | \$52.50 \$8.75 |
| | Page 2 of 2 |



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SUN ICE CREAM FINANCE 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 NINETEENTH DAY OF DECEMBER, A.D. 2017.

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

6664321 8300

Authentication: 203792390

Date: 12-19-17

SR# 20177666418

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