

Division of Corporations
Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)288-0845

****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 CAPITAL PARTNERS VIII-A, L.P.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$1,052.50

2022 JAN -3 AM 11:03

FLORIDA

22 Jan -3 AM 8:43

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Corporate Filing Menu

T. LEMIEUX
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JAN -4 2022

4 OF 4. FILE FOURTH AFTER H22000000720 3

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

1. Sun Capital Partners VIII-A, 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. Cayman Islands

State or Country of Formation

3. May 28, 2021

Date of Formation

4. Federal Employer Identification Number: 98-1605858

5. Name of Registered Agent for Service of Process and Florida Street Address:

C T Corporation System

1200 South Pine Island Road

Plantation, Florida 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.

By:

C T Corporation System

Bernadette Baker, Asst. Sec.

Signature of Registered Agent

7. Principal Office:

5200 Town Center Circle, 4th Floor

Boca Raton, FL 33486

8. Mailing Address:

5200 Town Center Circle, 4th Floor

Boca Raton, FL 33486

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

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

Name of General Partner: Sun Capital Advisors VIII, L.P.

Name of General Partner: _____

Street Address 5200 Town Center Circle, 4th Floor

Street Address _____

Boca Raton, FL 33486

Mailing Address: 5200 Town Center Circle, 4th Floor

Mailing Address: _____

Boca Raton, FL 33486

Name of General Partner: _____

Name of General Partner: _____

Street Address: _____

Street Address _____

Mailing Address: _____

Mailing Address: _____

Name of General Partner: _____ Name of General Partner: _____

Street Address: _____ Street Address: _____

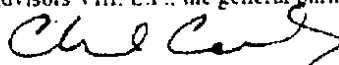
Mailing Address: _____ Mailing Address: _____

11. Effective date, if other than the date of filing: _____
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)
 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 20th day of December, 2021

By: Sun Capital Partners VIII, L.L.C. the general partner of
 Sun Capital Advisors VIII, L.P., the general partner of Sun Capital Partners VIII-A, L.P.



Signature of a general partner

By: Chad Crosby, Vice President of Sun Capital Partners VIII, L.L.C. the general partner of
 Sun Capital Advisors VIII, L.P., the general partner of Sun Capital Partners VIII-A, L.P.

The individual signing this document affirms that the facts stated herein are true and the individual is aware that false information submitted in a document to the Department of State constitutes 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):	\$52.50
Certificate of Status (optional):	\$8.75

MC-112416

Certificate of Good Standing of a Partnership

I DO HEREBY CERTIFY that

TO WHOM IT MAY CONCERN

Sun Capital Partners VII-A, L.P.

a partnership duly organized and existing under and by virtue of the Acts of The Cayman Islands is at the date of this certificate in Good Standing with this office, and duly authorized to exercise therein all the powers vested in the partnership.

Given under my hand and Seal at George Town in the Island of Grand Cayman this 21st day of December Two Thousand Twenty-One



An Authorised Officer
Registrar of Partnerships
Cayman Islands.

