CT CORPORATION SYSTEM

CORPORATION(S) NAME	• M()(1)()()()	00118		
Sun Premium Paper Advisor	rs, LLC	VVIIV		
				-
() Profit () Nonprofit	() Amendment	() Merger		
X)Foreign	() Dissolution/Withdrawal () Reinstatement	() Mark		
() Limited Partnership	() Annual Report () Name Registration () Fictitious Name	() Other () Change of RA () UCC	JAN 18	APTA FILA
Certified Copy	() Photocopies	() CUS	Y 07 510	
() Call When Ready (x) Walk In () Mail Out	() Call If Problem () Will Wait	() After 4:30 (x) Pick Up	2: 20 SIATE LORIDA	
Name Availability Document	1/18/01	Order#: 3514442		
Examiner Updater Verifier		Ref#:	07 70	
W.P. Verifier		Amount: \$ COM GRATION	WIN 81 MM	

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615 400003553644--6 -01/18757-36623-024 ****155.00 ****155.00

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name	e of foreign limited liability company)				
2. DELAWARE					
(Jurisdiction under the law of which foreign limit company is organized)	ed liability (FEI number, if applicable)				
4. JANUARY 10, 2001	5. PERPETUAL				
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")				
6. UPON QUALIFICATION	Florida (See seeting 600 501 600 502 and 917 155 E.S.)				
(Date first transacted business in	Florida. (See sections 608.501, 608.502, and 817.155, F.S.)				
7. 5355 Town Center Road, Suite 802, Boca Rator	n, FL 33486		÷		
(S	treet address of principal office)				
8. If limited liability company is a manage	r-managed company, check here 💌				
9. The usual business addresses of the managing members or managers are as follows:					
Marc J. Leder, 5355 Town Center Road, Suite	802, Boca Raton, FL 33486				
D. L. D. V 5255 T Control Dead C	wite 902 Dans Dates El 22494				
Rodger R. Krouse, 5355 Town Center Road, S	unte 802, Bota Ratoli, FL 33480	=			
	more than 90 days old, duly authenticated by the official having custody of re-	ends in			
	. (A photocopy is not acceptable. If the certificate is in a foreign language are				
translation of the certificate under oath of the translator	r must be submitted.)	-			
11. Nature of business or purposes to be conducted or promoted in Florida: Advisory Services and					
any and all other lawful business permitted und	ler the laws of the United States and the State of Florida.	PH 12:			
1M12	1 2 2 2 2 2 2 2 3	2: 20)-		
Signature of a mem	ber or an authorized representative of a member.				
(In accordance with sectio	n 608,408(3), F.S., the execution of this document constitutes penalties of perjury that the facts stated herein are true.)				
Marc J. Leder, Manage					
Type	ed or printed name of signee				

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:							
Sun Premium Paper Advisors LLC							
2. Th	e name and the Florida street	address of the regi	istered agent and office ar	re:			
	CT Corporation System	n					
(Name)							
c/o C T Corporation System, 1200 South Pine Island Road							
Florida street address (P.O. Box NOT ACCEPTABLE)							
	Plantation	FL City/State	33324 /Zip	<u> </u>			

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

C T Corporation System/

(Signature)

Anne Boutilier

Special Assistant Secretary

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

APPRUVILL AND FILED 01 MD 18 PHI2: 20 SECRETARY OF STATE FALLAHASSEE, FLORIDA

State of Delaware

PAGE 1

Office of the Secretary of State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SUN PREMIUM PAPER ADVISORS, LLC" 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 SIXTEENTH DAY OF JANUARY, A.D. 2001.

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

FILED

OI JAN 18 PHI2: 20

SECRETARY OF STATE
ALLAHASSEF, FLORIDA



Harriet Smith Mindson

Secretary of State

AUTHENTICATION: 0916537

DATE: 01-16-01

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