

Florida Department of State

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IT.ORIDA/FOREIGN LIMITED LIABILITY CO.

Falcon Capital Partners Management I, LLC

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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 of Foreign Limited	Li	ibility Company)		
Delaware Jurisdiction un company is org	der the law of which foreign limited liability anized)	3.	68-0626010 (FEI number, if applicable)		
January 18, 20	06 Date of Organization)	5.	Perpetual (Duration: Year limited liability company exist or "perpetual")	will cease	e to
Upon qualifica	(Date first transacted business in) (See sections 608.501 & 608.502 F.				
1951 NW 19th	Street, Suite 200				
Boca Raton, F.			Principal Office)		
The name a	nd usual business addresses of the ma	ana,	ging members or managers are as foll	lows:	
	nd usual business addresses of the ma		•	lows:	
Falcon Fund Attached is a stody of record in a foreign l	ing, LLC, 1951 NW 19th Street, Suite 200, It an original certificate of existence, no more is in the jurisdiction under the law of which anguage, a translation of the certificate on since the conducted of the certificate o	audio, F.	an 90 days old, duly suthenticated by the it is organized. (A photocopy is not acceptance oath of the translator must be supromoted in Florida: Investments The investments of a member. In the execution of this document constitutes.	official h	the ce .)
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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 Limit	ed Liability C	Company is:		
	Palcon	Capital	Partners	Mahagement I	, LLC	
2.	The name	and the Flor	ida street add	ress of the registered	d agent and office are	:
				C T Corporation Syste	2000	
				(Name)		
				1200 South Pine Island I	Road	
			Florida Stree	t Address (P.O. Box No	21 ACCEPTABLE)	
				Plantation, Florida 333	24	
		<u> </u>		City/State/Zip	,	
lia ag rei	bility comp ent and agr ating to the	any at the pli ee to act in t proper and	ace designated his capacity. 1 complete perfo	l in this certificate, I i I further agree to con ormance of my duties	of process for the about the about the appension of the appension of the second	vintment as registered is of all statutes th and accept the
Ву	:	CT Corpo	ration System			
- J.		(Sign	ature)			

3	100.00	Filing Fee for Application
3	25.00	Designation of Registered Agent
\$	30.00	Certified Copy (optional)
5	5.00	Certificate of Status (optional)

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELANARE, DO HEREBY CERTIFY "FALCON CAPITAL PARTMERS MANAGEMENT I, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LUGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE MINETEENTH DAY OF JANUARY, A.D. 2006.

4066781 8300 060048899

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4457497

DATE: 01-19-06