

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.

(((H07000114038 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 205-0383

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222-1092

Pax Number

: (850)878-5926

ELORIDA/FOREIGN LIMITED LIABILITY CO.

SCSF Healthplan III, LLC

Certificate of Status	O O
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

9269848098

4/26/2007 10:91 7005/25/40

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: 1. SCSF HEALTHPLAN III, LLC (Name of Foreign Limited Liability Company) 2. DELAWARE 20-8911409 (Jurisdiction under the law of which foreign limited liability (PEI number, if applicable) company is organized) **APRIL 23, 2007** PERPUTUAL (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") UPON QUALIFICATION (Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 5200 TOWN CENTER CIRCLE, SUITE 470 **BOCA RATON, FL 33486** (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: SUN CAPITAL SECURITIES FUND, LP 5200 TOWN CENTER CIRCLE, SUITE 470 BOCA RATON, FL 33486 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under outh of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: ANY AND ALL LAWFUL PURPOSES. Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of penjury that the facts stated herein are true.)

Typed or printed name of signee

28098 10:91 2002/92/00

են <u>(</u>,

at the

MICHAEL J. MCCONVERY

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

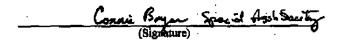
PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

	1.	The	name	of the	Limited	Liability	Company	įį
--	----	-----	------	--------	---------	-----------	---------	----

SCSF HEALTHPLAN III, LLC

2. The name and the Florida street address of the registered agent and office are:	SECRE FALL AH	07 APR
CT CORPORATION SYSTEM	ンニ	5
(Name)	SSEE F	3. 3.
1200 SOUTH PINE ISLAND ROAD	_ <u> </u>	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	一点是	5.7
PLANTATION FL 33324	and and a	

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, Florida Statutes.



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

Delaware

DAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SCSF HEALTHPLAN III, 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 TWENTY-FIFTH DAY OF APRIL, A.D. 2007.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SCSF HEALTHPLAN III, LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF APRIL, A.D. 2007.

OT APR 26 AM 11:57
SECRENARY OF STATE
TALL AHASSEF FLORINA

4338817 8300 070478459



Daniel Smile Window

Harriet Smith Windsor, Secretary of Sta

AUTHENTICATION: 5624487

DATE: 04-25-07