MD 700000 7465

| (Requestor's Name) | | | | | |
|---|----------------|-----------|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP | WAIT. | MAIL | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies | _ Certificates | of Status | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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E. Florida

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CT 1203 Governors Squa

1203 Governors Square Blvd. Tallahassee, FL 32301-2960 850 222 1092 tel 850 222 7615 fax . www.ctlegalsolutions.com

December 26, 2007

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301 OTOEC 26 PM 2:30

Re:

Order #: 7112306 SO

Customer Reference 1: RM Acquisition Customer Reference 2: registrations

Dear Department of State, Florida:

Please file the attached:

RM Acquisition, LLC (DE) Registration Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to the attention of the undersigned.

If for any reason the enclosed cannot be filed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Christina McNeair CL Operations Specialist Christina.McNeair@wolterskluwer.com

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:

| , RM ACQUISITION, LLC | |
|--|--|
| (Name of Foreign Limited Liability Company; must include | "Limited Liability Company," "L.L.C.," or "LLC.") |
| (If name unavailable, enter alternate name adopted for the purpose consent of the managers or managing members adopting the alterna Company," "L.L.C.," "LLC.") | of transacting business in Florida and attach a copy of the written te name. The alternate name must include "Limited Liability |
| 2. DELAWARE 3. | 26-1440291 |
| (Jurisdiction under the law of which foreign limited liability company is organized) | (FEI number, if applicable) |
| 4. 11/02/2007 (Date of Organization) 5. | PERPETUAL (Duration: Year limited liability company will cease to exist or "perpetual") |
| _{6.} 11/30/2007 | TASE OT T |
| (Date first transacted business in Florid (See sections 608.501 & 608.502 F.S. to | a, if prior to registration.) determine penalty liability) |
| 7. 8255 N. CENTRAL PARK AVENU | |
| SKOKIE, IL 60076 | FOR |
| (Street Address of | Principal Office) |
| 8. If limited liability company is a manager-managed co | mpany, check here |
| 9. The name and usual business addresses of the managi | ng members or managers are as follows: |
| LYNN TILTON, C/O PATRIARCH | I PARTNERS |
| 227 W. TRADE STREET, STE. 1 | 400 |
| CHARLOTTE, NC 28202 | |
| 10. Attached is an original certificate of existence, no more than 90 days the jurisdiction under the law of which it is organized. (A photocopy is translation of the certificate under oath of the translator must be submitted. | not acceptable. If the certificate is in a foreign language, a |
| 11. Nature of business or purposes to be conducted or pr | omoted in Florida: |
| SALES OF PUBLISHINGS | |
| Signature of a member or an author (In accordance with section 608.408(3), F.S., an affirmation under the penalties of perjury Typed or printed na | the execution of this document constitutes that the facts stated herein are true) |

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 Compa | ny is: | | |
|--|---|--|---|---|
| RM ACQUIS | ITION, LLC | <u></u> | | |
| If name unavailable | , the alternate name to be | used in the sta | te of Florida is: | |
| 2. The name and th | e Florida street address o | f the registered | agent and office are: | |
| С | T CORPORATI | ON SYST | EM | |
| | | (Name) | | |
| 12 | 200 SOUTH PIN | E ISLAN | D ROAD | |
| | Florida Street Addre | ess (P.O. Box NO | OT ACCEPTABLE) | |
| P | LANTATION | FL | 33324 | |
| | | City/State/Zip | | |
| liability company at agent and agree to crelating to the prope | as registered agent and to the place designated in the act in this capacity. I furth or and complete performs sition as registered agent Assistant Vic and Sec (Signature) | is certificate, I is er agree to con Egylegy duties graves dead for cretary Filling Fee for | hereby accept the appoing the provisions and I am familiar with in Chapter 608, Florida and Application | ntment as registered of all statutes and accept the |
| | \$ 25.00 | Designation | of Registered Agent | |

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

PAGE 1

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RM ACQUISITION, 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-FOURTH DAY OF DECEMBER, A.D. 2007.

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



4443866 8300

071357963

Daniet Smith Hinden

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6261449

DATE: 12-24-07