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# Florida Department of State

Division of Corporations Public Access System

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## FLORIDA/FOREIGN LIMITED LIABILITY CO.

SCSF HEALTHPLAN IV, LLC

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

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

| SCSF HEALTHPLAN IV, LLC  (Name of Foreign Limited Liability Company)  DELAWARE  3. 26-1910489  [FEI number, If applicable]  Ompany is organized)  FEBRUARY 4, 2007  5. PERPUTUAL  |          |
|---|----------|
| DELAWARE  3. 26-1910489  Unisdiction under the law of which foreign limited liability ompany is organized)  (FEI number, if applicable)   |          |
| Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) ompany is organized)  |          |
| ompany is organized)  |          |
| FEBRUARY 4, 2007 & PERPUTUAL  |          |
|   | _}.      |
| (Date of Organization) (Duration: Year limited liability company will cease exist or "perpetual")   | (U)      |
| UPON QUALIFICATION  |          |
| (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penulty liability)   |          |
| 5200 TOWN CENTER CIRCLE, SUITE 600  |          |
| BOCA RATON, FL 33486  |          |
| (Street Address of Principal Office)  | 7        |
| If limited liability company is a manager-managed company, check here   |          |
| 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 600  | ].       |
| BOCA RATON, FL 33486  |          |
| Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of unishicition under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a lation of the certificate under outh of the translator must be submitted.)  Nature of business or purposes to be conducted or promoted in Florida:  ANY AND ALL LAWFUL | 0        |
| PURPOSES.   | VISION O |
| x Mare Charduce   | 1 (      |
| Signature of a member of an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes   | 13 AM 8: |
| an affirmation under the penalties of perjury that the facts stated herein are true.)   | 134 音    |
| MARK HAJDUCH  | တ္       |
| Typed or printed name of signee   | 8: 10    |

#### 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.

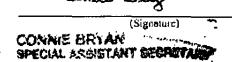
| 1. | The name | of the | Limited | Liability | Company | is |
|----|----------|--------|---------|-----------|---------|----|
|----|----------|--------|---------|-----------|---------|----|

#### SCSF HEALTHPLAN IV, LLC

2. The name and the Florida street address of the registered agent and office are:

| CT CORPORATION S'  | YSTEM .                                |
|--------------------|--|
|                    | (Name)                                 |
| 1200 SOUTH PINE IS | BLAND ROAD                             |
| Florida Street Add | iress (P.O. Box <u>NOT</u> ACCEPTABLE) |
| PLANTATION         | <sub>PL</sub> 33324                    |
|                    | City/State/Zip                         |

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.



Filing Fee for Application \$ 100.00 \$ 25.00 Designation of Registered Agent 30,00 Certified Copy (optional) 5.00 Certificate of Status (optional)

# Delaware

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### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "SCSF HEALTHPLAN IV, 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 TWELFTH DAY OF FEBRUARY, A.D. 2008.

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

4499288 8300

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You may vorify this certificate opline

Warriet Smile Hinden
Herriet Smilth Windson, Secretary of State

AUTHENTICATION: 6377472

DATE: 02-12-08

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