Division of Corporations Public Access System

Electronic Filing Cover Sheet

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.

(((H08000112613 3)))



H080001126133ABCW

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)617-6383

Prom-

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850)222-1092

Fax Number : (850)878-5926

FLORIDA/FOREIGN LIMITED LIABILITY CO.

SCSF Kellwood Finance, LLC

RECEIVED

8 APR 28 PH 2: 44

EOREMSEE, FLORIDA

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

J. BRYAN

APR 2 9 2008

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

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

	ILITY COMPANY TO TRANSACT BUSINESS IN TE		, THE FOLLOWING IS SUBMITTED TO REGISTER A FO TATE OF FLORIDA:	•
1. SCSF H	KELLWOOD FINANCE, LLC		•	08 APR 28
	(Name of Foreign Limited	Lia	bility Company)	To.
2. DELAWA	RE	3	26-2482827	્રિ
(Jurisdiction company is	under the law of which foreign limited liability organized)	, .	(FEI number, if applicable)	
4. April 23	, 2008	5.	PERPUTUAL	7
	(Date of Organization)		(Duration: Year limited liability company will cease to exist or "perpetual")	
6. UPON G	RUALIFICATION			
	(Date first transacted business in 1 (See sections 608.501 & 608.502 F.	'lori S. u	da, if prior to registration.) o determine penalty liability)	
7. <u>5200 TC</u>	OWN CENTER CIRCLE, SUITE 600			
BOCA R	ATON, FL 33486			
	(Street Addres	s of	Principal Office)	
8. If limited	liability company is a manager-manage	d c	ompany, check here	
9. The name	e and usual business addresses of the ma	mag	ing members or managers are as follows:	
Sun C	apital Securities Fund, L.P.		•	
5200 TC	OWN CENTER CIRCLE, SUITE 600			
BOCA F	RATON, FL 33486			
the jurisdiction		рyi	ys old, duly authenticated by the official having custody of rec a not acceptable. If the certificate is in a foreign language, a tted.)	cards in
11. Nature o	of business or purposes to be conducted	or p	romoted in Florida: ANY AND ALL LAWFUL	
PURPO	SES.			
	Michael	11	Molomen	
	Signature of a member or an a	uth	orized representative of a member.	
	(in accordance with section 608,408(3), an affirmation under the penalties of pe	F.S.	, the execution of this document constitutes	
			THORIZED REPRESENTATIVE	
	Typed or printe			

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 KELLW	OOD FIN	IANCE.	LLC
------------	---------	--------	-----

2. The nam	e and the Florida street address of the registered agent and office are:	SECRET DIVISION
	CT CORPORATION SYSTEM	of C
	(Name)	S A
	1200 SOUTH PINE ISLAND ROAD	# 80 8. A.
•	Florida Street Address (P.O. Box NOT ACCEPTABLE)	NOS CHOKS
	PLANTATION FL 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 the services.

(Signature)

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

Delaware

PAGE :

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SCSF KELLWOOD FINANCE, 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. 2008.

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

SECRETARY OF STATE CORPORATIONS

4538133 8300

080473218

You may verify this certificate colir at cosp.dolaware.gov/authver.shtml Daniel Smile Hinden

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6549382

DATE: 04-25-08