## Florida Department of State

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.

(((H08000123886 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) 617-6383

L. SELLERS

MAY -8 2008

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone

: (850)222-1092

Fax Number

: (850)878-5926

**EXAMINER** 

#### FLORIDA/FOREIGN LIMITED LIABILITY CO.

Sun Fluid Routing Finance, LLC

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

Electronic Filing Menu

Corporate Filing Menu

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

CLINI ELLUD BOLITINO ENIANCE LLO	•
1. SUN FLUID ROUTING FINANCE, LLC  (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or	·······································
Comments and the second	<b></b>
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach consent of the managers or managing members adopting the alternate name. The alternate name must include "Company," "L.L.C." "LLC."	a copy of the written Limited Liability
2 DELAWARE 3 26-2556889	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4. APRIL 24, 2008  (Date of Organization)  5. PERPETUAL  (Duration: Year limited liability company exist or "perpetual")	will cease to
6. UPON QUALIFICATION	4
(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 600	
BOCA RATON, FL 33486	<del></del>
(Street Address of Principal Office)	<del></del>
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 follo	)WS;
Sun Fluid Routing Solutions IV, LLC, 5200 Town Center Cir., Ste. 600, Boca Rato	in, FL 33486
Sun Fluid Routing Solutions V, LLC, 5200 Town Center Cir., Ste. 600, Boca Rato	n, FL 33486
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a fireign translation of the certificate under cath of the translator must be submitted.)  11. Nature of business or purposes to be conducted or promoted in Florida: ANY AND AL	i language, a
PURPOSES	
FUNFUSES	70.5
The Objective	A T
Signature of a measure 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 perjuty that the facts stated herein are true.)  MARK HAIDLIGH ALITHORIZED DEPORTEDITATIVE	ASSET J
MARK HAJDUCH, AUTHORIZED REPRESENTATIVE Typed or printed name of signee	AM 8: C

## 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.

If name unavailable, the alternate name to be used in the state of Florida is:					
2. The name and	the Florida street address	s of the registered	agent and office are:		
(	CT CORPORATIO	N SYSTEM			
_		(Name)			
•	200 SOUTH PINE	E ISLAND RO	AD		
_	Florida Street A	ddress (P.O. Box NO	T ACCEPTABLE)		
F	PLANTATION	FT.	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.

Kristine Heiberger
(Signature) Assistant Secretary

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

2008 MAY -7 AM 8: 09

# Delaware

### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELANARE, DO HEREBY CERTIFY "SUN FLUID ROUTING FINANCE, LLC" IS DULY FORMED UNDER THE LANS 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 SEVENTH DAY OF MAY, A.D. 2008.

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

080513715

Harriet Smith Windsor, Secretary of State AUTHENTICATION: ö