# Division I Corporation O O O O O

#### Florida Department of State

Division of Corporations Public Access System

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

SCSF DEBT INVESTMENTS, LLC

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M. Thomas MAY 2 9 2008

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### 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 DEBT INVESTMENTS, 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 of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "LL.C.," "LLC.") DELAWARE (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) <sub>4.</sub> May 14, 2008 PERPETUAL (Duration: Year limited liability company will cease to exist or "perpetual") (Date of Organization) 6. 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 600 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 600 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 lawyrage, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: ANY AND ALL LAWFUL PURPOSES

Typed or printed name of signee

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 perjury that the facts stated herein are true.)

MARK HAJDUCH, AUTHORIZED REPRESENTATIVE

## 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 Limit	ed Liability Com	pany is:	
SCSF DEBT INVE	STMENTS, L	LC	
If name unavailable, the a	lternate name to t	be used in the state of Florida is:	SECRETA
2. The name and the Flor	ida street address	of the registered agent and office are:	SEE, FLO
CT CC	RPORATIO	N SYSTEM	A POPULATION OF THE POPULATION
		(Name)	_
1200 \$		ISLAND ROAD	ı
	Florida Street Ad	dress (P.O. Box <u>NOT</u> ACCEPTABLE)	
PLAN*	TATION	FL 33324	
<del></del>		City/State/Zip	
liability company at the pl agent and agree to act in t relating to the proper and obligations of my position	ace designated in his capacity. I fur complete perform as registered age	to accept service of process for the above stathis certificate. I hereby accept the appointmenter thereby accept the appointmenter agree to comply with the provisions of a pance of my duties, and I am familiar with another as provided for in Chapter 608, Florida States	ent as registerea ill statutes d accept the
	u Bry		
(Sig.	naturė)		
	\$ 100 00	n Filipo Fee for Application	

\$ 25.00

\$ 30.00

Designation of Registered Agent

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 DEBT INVESTMENTS, 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-EIGHTH DAY OF MAY, A.D. 2008.

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

4547415 8300

080613406

You may verify this cartificate enline at corp.dolaware.gov/authver.shtml Varnet Smile Hindson

Harriet Smith Windson, Secretary of State

AUTHENTICATION: 6618801

DATE: 05-28-08