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.

(((H080001435893)))



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

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850)222-1092

fax Number : (850)878-5926

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

### Sun Pop Finance, LLC

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

G. MCLEOD

JUN 1 2 2008

EXAMINER

Esti

Corporate Filing Menu

Help

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: SUN POP FINANCE, LLC (Nume 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," "L.L.C.," "LLC.") 2. DELAWARE 26-2727977 (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 4. MARCH 24, 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) 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 Partners III, LP, 5200 Town Center Cir. Ste. 600, Boca Raton, FL 33486 Sun Capital Partners III QP, LP, 5200 Town Center Cir, Ste. 600, Boca Raton, FL 33486 Sun Capital Partners IV, LP, 5200 Town Center Cir, Ste. 600, Boca Raton, FL 33486 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official baying 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 language, 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** 

Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the experience of this document constitutes an affirmation under the possities of perjury that the facts stated berein are true.)

MICHAEL J. MCCONVERY, AUTHORIZED REPRESENTATIVE

Typed or printed name of signer

## 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 PLORIDA.

1. The name of the Limited Liability Company is: SUN POP FINANCE, LLC	
If name unava	ailable, the alternate name to be used in the state of Florida is:
2. The name :	and the Florida street address of the registered agent and office are:
	CT CORPORATION SYSTEM
	(Name)
	1200 SOUTH PINE ISLAND ROAD
	Florida Street Address (P.O. Box NOT ACCEPTABLE)
	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 the position as registered agent as provided for in Chapter 608, Florida Statutes.

Kristine Heiberger
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)

# Delaware

PAGE

## The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SUN POP 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 THIRD DAY OF JUNE, A.D. 2008.

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

4522486 8300

080656829

You may verify this certificate online at corp. delaware.gov/authver.chtml

Daniel Smith Minden

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6632011

DATE: 06-03-08