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.

(((H08000160671 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

ORIDA/FOREIGN LIMITED LIABILITY CO.

Sun DriveSol Finance, LLC

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

Electronic Filing Menu

Corporate Filing Men C

JUN 2 7 2008

EXAMINER

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 POREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF PLORIDA:

1. SUN DRIVESOL FINANCE, LLC

(Name of Foreign Limited Liability Company; must in	nehde "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the pusoessent of the managers or managing members adopting the Company, ""L'L.C.," "LLC.")	rpose of transacting business in Florida and attach a copy of the written alternate name. The alternate name must include "Limited Liability
DELAWARE	3 26-2874460
(Jurisdiction under the law of which foreign limited liability company is organized)	(PEI number, if applicable)
June 20, 2008 (Date of Organization)	5. PERPETUAL (Duration: Year liquited limbility company will cease to
UPON QUALIFICATION	exist or "perpetual")
(Date first transacted business in (See sections 608,501 & 608,502 F	Florida, if prior to registration.) S. to determine penalty liability)
, 5200 TOWN CENTER CIRCLE, SL	JITE 600 목
BOCA RATON, FL 33486	Ö
	ass of Principal Office)
3. If limited liability company is a manager-manag	ed company, check here
. The name and usual business addresses of the ma	anaging members or managers are as follows:
SUN CAPITAL PARTNERS III, LP - 5200 TOWN	CENTER CIRCLE, SUITE 600, BOCA RATON, FL 33486
SUN CAPITAL PARTNERS III OP, LP - 5200 TOWI	N CENTER CIRCLE, SUITE 600, BOCA RATON, FL 33486
SUN CAPITAL PARTNERS IV, LP - 8200 TOWN	CENTER CIRICLE, SUITE 600, BOCA RATON, FL 33486
	O days old, duly authoriscent by the official having custody of records in topy is not acceptable. If the certificate is in a foreign language, a abmitted.)
1. Nature of business or purposes to be conducted	or promoted in Florida: ANY AND ALL LAWFUL
PURPOSES	·
> Due Dear	LANE
(In accordance with section 608.408(3).	authorized representative of a member. P.S., the execution of this document constitutes
 an attinuation under the penalties of pe 	orjury that the facts stated berein are true.)

MARK HAJDUCH, AUTHORIZED REPRESENTATIVE
Typed or printed name of signee

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:
SUN DRIVESOL FINANCE, LLC
If name unavailable, 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 FI 33324
City/Sense/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.

Kelly Snedden
Asst. 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 DRIVESOL 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-SIXTH DAY OF JUNE, A.D. 2008.

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

4565148 8300

080732821

You may varify this certificate colin at corp.dolawers.gov/authver.shtml Daniet Smile Hinden

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6690197

DATE: 06-26-08