

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.

(((H08000192862 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

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone

: (850)222-1092

Fax Number

: (850)878-5926

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Sun Mark IV Debt Investments, LLC

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

A. LUNT XAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

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

IN COMPLIANCE WITH SECTION BRASE FLORIDA STRUCTES, THE FOLLOWING IS SUBMITTED TO RECEISTER A FOREIGN

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. SUN MARK IV DEBT INVESTMENTS, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C." or "L.L.C.")
(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 3. 26-3146628
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4. AUGUST 7, 2008 5 PERPETUAL
(Date of Organization) (Duration: Year limited liability company will create to make or "perpetual")
6. UPON QUALIFICATION
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine panalty liability)
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 V (AIV-1), L.P.
WALKER HOUSE, 87 MARY STREET
GEORGE TOWN, GRAND CAYMAN KY1-9002 (CAYMAN ISLANDS)
(i). Attached is an original certificate of existence, no more than 90 days old, duty authenticated by the official having custody of records in he jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a ranslation of the certificate under cath of the translator must be submitted.)
1. Nature of business or purposes to be conducted or promoted in Florida: ANY AND ALL LAWFUL
PURPOSES
Muhal Mc Comer
Signature of a member of an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of his document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) MICHAEL MCCONVERY, 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.

If name unavai	lable, the alternate name to be used in the state of Floric	da is:
-		TAS 28
2. The name a	nd the Florida street address of the registered agent and	office are: AFR
	CT CORPORATION SYSTEM	IG 12 ASSE
	(Name)	7. O
	1200 SOUTH PINE ISLAND ROAD	LON O
	Florida Street Address (P.O. Box NOT ACCEPTAB	
	PLANTATION ET 33324	

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.

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 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SUN MARK IV 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 ELEVENTH DAY OF AUGUST, A.D. 2008.

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

4585130 8300

080863277

You may verify this certificate online at corp.delawers.gov/authver.shtml

Darnet Smile Henden

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6785336

DATE: 08-11-08