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## FLORIDA/FOREIGN LIMITED LIABILITY CO.

SUN AGI II, LLC

Certificate of Status	0
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EXAMINER

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

IN COMPLIANCE WITH SECTION 608.503, PLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A POREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. SUN AGI II, LLC (Name of Foreign Limited Liability Company; must molude "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 edopting the alternate name. The elternate name must include "Limited Liability Company," "L.L.C.," "LLC.") 2 DELAWARE 26-3426244 Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 5. PERPETUAL 4. SEPTEMBER 23, 2008 (Duration: Year limited liability company will ocase to ocist or "perpetual") (Date of Organization) 6. UPON QUALIFICATION (Date first transacted business in Florida, if prior to registration.)
(See sections 508.501 & 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 AGI, LLC 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 accords 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 costs 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), P.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

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.

SUN AGI II, LLC					
If name unavai					
2. The name a	nd the Florida street address	s of the registered ag	ent and office are:	For B	,
CT CORPORATION SYSTEM		AND SEP 25 SEGRETAR TALLAHASS	and a		
		(Name)		15 N	The state of the s
	1200 SOUTH PINE	ISLAND ROA	D	Part and	£ 8
	Plonida Street Ad	Idress (P.O. Box <u>NOT</u> A	CCEPTABLE)	E.F.L.	£
	PLANTATION	FL	33324	OF STATEA	
		City/State/Zip		5	

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.

James M. Halpin
Assistant Secretary
(Signature)

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

20166

## The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SUN AGI II, 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-FIFTH DAY OF SEPTEMBER, A.D. 2008.

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

SECRETARY OF STATE TALLAHASSEE, FLORIDA

4603740 8300

080986890

You may verify this certificate online at cosp.delswere.gov/authver.shtml Daniel Smile Hinden

Harriet Smith Windsor, Secretary of Stat

AUTHENTICATION: 6875246

DATE: 09-25-08