of Opposed 400000113 Re 1 of 1

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 audifnumber (shown below) on the top and bottom of all pages of the document;

(((H09000067926 3)))



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

To:

From:

Fax Number

: (850)878-5368

Account Name : C T CORPORATION SYSTEM PLECISE TEIGIN ORIGINAL filing
Account Number : FCA0000000023
Phone date of submission 3

RE-SUBMIT

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Vion Holdings LLC

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

D. BRUCE

MAR 2 4 2009

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA SIXITUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| COI | name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the name managers or managing members adopting the alternate name. The alternate name must include "Limited Lieb impany," "L.L.C.," "LLC.") | writter ility | n |
|-----|--|------------------|-------------|
| 1 | Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 3. 26-3919540 (FEI number, if applicable) | - | |
| 4. | 12/23/2008 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to exist 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 penalty liability) | | |
| 7. | 5555 Glenridge Connector, NE, Ste 200, Atlanta, Georgia 30342 | 091 | |
| | (Street Address of Principal Office) | H H | Pine |
| 8. | If limited liability company is a manager-managed company, check here | 23 | - |
| 9, | The name and usual business addresses of the managing members or managers are as follows: | R | |
| | MHR Institutional Advisors III LLC, Manager, 40 West 57th Street, 24th Floor, New York, New York 10019 | 8: 28 | Š. |
| | | - | |
| the | Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of re- e jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a instation of the certificate under oath of the translator must be submitted.) | cords ir | 1 |
| 11 | 1. Nature of business or purposes to be conducted or promoted in Florids: | _ | |
| | SEE ATTACHMENT 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.) | · | |
| | Stacey (Schacter, 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 C | ompany is: | | |
|---|--|---|---|--|
| Vion Holdings LLC | | | | |
| If name unavailable, | the alternate name | to be used in the state o | fFlorida is: | |
| 2. The name and the | : Florida street add | ress of the registered age | ent and office are: | |
| | | C T Corporation System | | |
| | | (Name) | | _ |
| | 1 | 200 South Pine Island Road | | _ |
| ****** | Florida Street | Address (P.O. Box NOT A | CCEPTABLE) | _ |
| | Plantation | FL | 33324 | |
| | | City/State/Zip | | |
| liability company at a agent and agree to a relating to the proper obligations of my pos | he place designated at in this capacity. It and complete perfo | and to accept service of plant this certificate, I here further agree to comply formance of my duties, and agent as provided for in Complete Boetiger Assistant Secretor | by accept the appoint with the provisions of d I am familiar with a Chapter 608, Florida | tment as registered fall statutes and accept the |

\$ 100.00 Filing Fee for Application

\$ 25.00 \$ 30.00

5.00

Designation of Registered Agent

Certified Copy (optional)
Certificate of Status (optional)

Delaware

PAGE :

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VION HOLDINGS 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-THIRD DAY OF MARCH, A.D. 2009.

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

09 MAR 23 AM 8: 28
SECRETARY OF STATE
ARASSEF, FLORID

4637496 8300

090292287 You may werify this cortificate o AUTHENTY CATION: 7202645

DATE: 03-23-09