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.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA00000023 Phone : (850) 222-1092

: (850)878-5368 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Foreign Limited Liability Company Consumer Solutions 4, LLC

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Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

D. BRUCE

OCT 8 2010

EXAMINER

COVER LETTER

	sion of Corporations		
SUBJECT:	Consumer Solutions 4, LLC		
	N	ame of Limited Liability Company	
		ability Company for Authorization to Transact Business in Plorid above referenced foreign limited liability company to transact bu	
Please return	all correspondence concerning this r	natter to the following:	
	Kim Ferrell		_
		Name of Person	-
	Cargill, incorporated		_
		Firm/Company	
	12700 Whitewater Drive		_
		Address	
	Minnetonka, MN 55343		_
		City/State and Zip Code	
	Kim.Ferrell@carval.com		
	E-mail address:	(to be used for future annual report notification)	
For further in	formation concerning this matter, ple	ease call:	FIL 10 OCT -7 CCRETARY LLAHASSEE
852-	1285	at (612)	NAY SSE
	Name of Person	Area Code & Daytime Telephone Number	
Divi: Regi P.Ö.	(LING ADDRESS: sion of Corporations stration Section Box 6327 thassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tullahassee, FL 32301	LED 7 AMM: 33 3Y OF STATE SEE. FLORIDA
Enclosed is	a check for the following amo 00 Filing Fee \$\int \frac{1}{2}\$130.00 Filing Fee Certificate of St	Fee & [75] \$55.00 Filing Fee & [75] \$160.00 Filing Fee, Certif	

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

IN COMPLIANCE WITH SECTION 608303, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. Consumer Solutions 4, LLC (Name 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.") (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) Perpetual (Duration: Year limited liability company will cease to exist or "perpotual") (Date of Organization) 6. N/A (Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability) 7, 12700 Whitewater Drive Minnetonka, MN 55343 (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: CarVal NVF ([L.P. 12700 Whitewater Drive Minnetonka, MN 55343 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having 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 fineign 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: Financial investment activities.

> Member/Company Manager: CurVal NVF II LP. By: Carvel NVF II Carry GP Corp.

encent Partner

Name: Peter A.

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 POLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

Consumer Solutions 4, LLC	
If unavailable, the alternate to be used in the state of Florida is:	
2. The name and the Florida street address of the registered agent and office are:	10 OCT
C T Corporation System (Name)	TARY OF ASSEE.
1200 South Pine Island Road	For the C
Florida Street Address (F.O. Box NOT ACCEPTABLE) Plantation FL 33324	:39 TAYE ORIDA

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.

By: (Signature)

Jeanne Nelson 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, JEFFREY N. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CONSUMER SOLUTIONS 4, 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 SEVENTH DAY OF OCTOBER, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

4595753 8300

100975793

You may verify this certificate online

AUTHENTY CATION: 8274574

DATE: 10-07-10