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EXAMINER



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DEPARTMENT OF STATE DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA

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FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

06-02-11

NAME:

S2 ACQUISITION LLC

TYPE OF FILING: APPLICATION BY FOREIGN LLC TO TRANSACT

BUSINESS IN FLORIDA

COST:

\$155

RETURN: CERTIFIED COPY

ACCOUNT: FCA00000015

AUTHORIZATION:

ABBIE/PAUL H

COVER LETTER

TO:

Registration Section

Divişi	on of Corporations					
SUBJECT:	<u>S2</u>	AQUISITION LLC				
_	Name of Limited Liability Company					
The enclosed ". Existence, and	Application by Foreign Limited Lie check are submitted to register the	ability Company for Authorization to Transact Business in Florida," Certificate of above referenced foreign limited liability company to transact business in Florida.				
Please return al	l correspondence concerning this m	natter to the following:				
		Andrew J. Keliner				
		Name of Person				
	Levy Holm Pellegrino & Drath LLP					
		Firm/Company				
	950	0 Third Avenue, Suite 3101				
		Address				
	New York, New York 10022					
		City/State and Zip Code				
		akeliner@ihpdiaw.com				
	E-mail address:	(to be used for future annual report notification)				
Por further info	rmation concorning this matter, ple	esc calf:				
	Andrew J. Kellner	at (646) 645-8010				
	Name of Person	Area Code & Daytime Telephone Number				
	ING ADDRESS: on of Corporations	STREET ADDRESS: Division of Corporations				
	ation Section Registration Section					
:	hassee, FL 32314 2661 Executive Center Circle					
		Tallahassee, FL 32301				
Enclosed is a	check for the following amou	unt:				
	5.00 Filing Pee \$130.00 Filin Certificate					

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

	S2 AC	OITIBIU	шс
· (r	Name of Foreign Limited Liability Company; mus	st include "Lin	ited Liability Company," "L.L.C.," or "LLC.")
			nsacting business in Florida and attach a copy of the wri me. The alternate name must include "Limited Liability
	y, " "L.L.C," "LLC.")	tie atiel have tra	no. The angular hand diest money. Dinner Charles
	Delaware	3	
urisd ompa	Delaware liction under the law of which foreign limited liab my is organized)	oility	(FEI number, if applicable)
	January 31, 2011 (Date of Organization)	5 .	2060
	(Date of Organization)	(Du exis	2060 ration: Year limited liability company will cease to t or "perpetual")
			,
	(Date first transacted business (See sections 608.501 & 608.50	in Plorida, if	prior to registration.)
	•		mule penany naomity)
C/O \	Square Mile Capital Management LLC	;	
450	Park Avenue, New York, New York 1	10022	
	(Street Ac	idress of Princi	pal Offico)
lf lin	nited liability company is a manager-man	aged compa	ny, check here 🗸
The 1	name and usual business addresses of the	managing n	nembers or managers are as follows:
S2 .	Acquisition JV LLC (Sole Member/Ma	inager)	
			. ·
		 	
Attacl	hed is an original certificate of existence. To more the	an 90 days old.	duly authenticated by the official having custody of record
			ceptable. If the certificate is in a foreign language, a
lation	of the certificate under oath of the translator must b	e submitted.)	
Nat	ure of business or purposes to be conduct	ted or promo	ted in Florida: Real Estate Investment
	_/keustsel	WI	
	Signature of a member or a	n authorize	representative of a member.
			conion of this document constitutes a facts stated herein are true.)

Andrew J. Keliner, as Authorized Signatory and not individua
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: S2 Acquisition LLC						
If unavailab	ple, the alternate to be used	in the state of Florida	is:			
2. The nam	e and the Florida street ad	dress of the registered a	agent and office are:			
	NRAI Services, Inc.	<u>.</u>				
		(Name)				
	515 East Park Avenue					
	Florida Stre	et Address (P.O. Box NOT	ACCEPTABLE)			
	Tallahassee	FL	32301	 -		
		City/State/Zip				
liability com agent and ag relating to th	n named as registered agent pany at the place designate gree to act in this capacity. The proper and complete perion my position as registered cas, inc.	d in this certificate, I he I further agree to compl formance of my duties, a	reby accept the appo ly with the provisions and I am familiar with	intment as registered s of all statutes h and accept the		

\$ 100.00 Filing Fee for Application

(Signature)

\$ 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 W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "S2 ACQUISITION 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 FIRST DAY OF APRIL, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "S2

ACQUISITION LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF JANUARY,

A.D. 2011.

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

4934065 8300

110369935

Jeffrey W. Bullock, Secretary of State

AUTHENTY CATION: 8665458

DATE: 04-01-11

You may varify this certificate online at corp.delaware.gov/authyer.shtml