Division of Corporations 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.

(((H11000177132 3)))



H110001771323ABCX

generate another cover sheet.				
		SEC II		
To:				
	Division of Corporations Fax Number : (850)617-6383	-8 ARY ASSE		
from:		.		

: C T CORPORATION SYSTEM

Phone : (850)222-1092 Fax Number : (850)878-5368

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

Account Number : FCA000000023

Account Name

Email	Address:	l	

RECEIVED

11 JUL -8 AM 10: 05
SECRETARY OF STATE
ALLAHASSEE. FLORIDA

Foreign Limited Liability Company SUN COMPASS PRINTING, LLC

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

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 STATUTES, THE FOLLOWING IS SCIENTIFED TO RECEIVER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

THE STATE OF THE S	
1. SUN COMPASS PRINTING, LLC	
(Name of Poreign 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 write consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "LL.C.," "LLC.")	EN
2. DELAWARE 3. 27-4190217	
(Jurisdiction under this law of which foreign limited liability (FEI number, if applicable) company is organized)	
4. NOVEMBER 30, 2010 5. PERPETUAL ≥₩	==
(Date of Organization) (Duration) Year limited liability company will cease to exist or "perpenual")	<u>_</u>
6 UPON QUALIFICATION	Ħ
(Date first transacted business in Fluids, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	8
7. 5200 TOWN CENTER CIRCLE, SUITE 600	<u>₩</u> :0:
BOCA RATON, FL 33486	<u>ö</u>
(Street Address of Principal Office)	52
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, L.P.	
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 records 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 cath of the translator must be submitted.)	n
11. Nature of business or purposes to be conducted or promoted in Florida: ANY AND ALL LAWFUL	
PURPOSES	
Ma Dhas duce	
Signature of a member coan authorized representative of a member.	
(in accordance with acction 608.408(3), F.S., the expendion of this document constitutes on affirmation under the penelties of perjury that the facts stated herein are suce.)	
MARK HAJDUCH, AUTHORIZED REPRESENTATIVE	

Typed or printed name of signec

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	of the Limited Liability Com	npany is:	
SUN COM	IPASS PRINTING, LI	LC	
If name unava	ilable, the alternate name to	be used in the state of Florida is:	
2. The name a	and the Florida street address	s of the registered agent and office are:	TASE 1
	CT CORPORATIO	N SYSTEM	岩岸卫
		(Name)	ASS -8 LE
	FR E		
	Florida Street Ac	idress (P.O. Box <u>NOT</u> ACCEPTABLE)	STA STA
	PLANTATION	FI 33324 City/State/Zip	TE IDA
		Скумпамр	

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
(Signature)

Ashley Pipes

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

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREEY CERTIFY "SUN COMPASS PRINTING, 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 JULY, A.D. 2011.

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

4904763 8300

110800730

DATE: 07-07-11