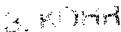
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| (Re                                     | equestor's Name)   |             |
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| · (Cit                                  | ty/State/Zip/Phone | e #)        |
| PICK-UP                                 | MAIT               | MAIL        |
| (Bu                                     | isiness Entity Nan | me)         |
| (Do                                     | ocument Number)    |             |
| Certified Copies                        | _ Certificates     | s of Status |
| Special Instructions to Filing Officer: |                    |             |
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Office Use Only



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EXAMINER

**B. KOHR** 

SEP 23 2011

**EXAMINER** 





ORATION SERVICE COMPANY

| ACCOUNT | NTO  | I2000000019       |    |
|---------|------|-------------------|----|
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REFERENCE : 917790

7806115

AUTHORIZATION :

COST LIMIT :

ORDER DATE: September 20, 2011

ORDER TIME : 4:41 PM

ORDER NO. : 917790-005

CUSTOMER NO: 7806115

#### FOREIGN FILINGS

NAME: VERITAS FINANCIAL PARTNERS LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Becky Peirce -- EXT# 2919

EXAMINER:

#### **COVER LETTER**

TO:

Registration Section

Enclosed is a check for the following amount:

S125.00 Filing Fee

\$130.00 Filing Fee &

Certificate of Status

Division of Corporations Veritas Financial Partners LLC Name of Limited Liability Company The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.. Please return all correspondence concerning this matter to the following: Thomas F. Berner Name of Person Veritas Financial Partners LLC Firm/Company 951 Yamato Road, Suite 208 Address Boca Raton, FL 33431 City/State and Zip Code tberner@spwcp.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Thomas F. Berner Area Code & Daytime Telephone Number Name of Person **MAJLING ADDRESS:** STREET ADDRESS: Division of Corporations Division of Corporations Registration Section Registration Section P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

\$155.00 Filing Fee &

Certified Copy

\$160.00 Filing Fee, Certificate

of Status & Certified Copy

## TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREST LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN T  | THE STATE OF FLORIDA:   |
|--|---|
| Veritas Financial Partners LLC   | THE STATE OF FLORIDA:   |
| (Name of Foreign Limited Liability Company; must in  | nclude "Limited Liability Company," "L.L.C.," or "LLC.")  |
|  | rpose of transacting business in Florida and attach a copy of the writ alternate name. The alternate name must include "Limited Liability                   |
| 2. Delaware  | 3. 45-3132258   |
| (Jurisdiction under the law of which foreign limited liabilit company is organized)  | ty (FEI number, if applicable)  |
| 4, 08/29/2011  | 5. Perpetual  |
| (Date of Organization)   | (Duration: Year limited liability company will cease to exist or "perpetual")   |
| Has not yet transacted business  | · ·   |
| (Date first transacted business in (See sections 608.501 & 608.502 l   | Plorida, if prior to registration.) F.S. to determine penalty liability)  |
| 951 Yamato Road, Suite 208   |   |
| Boca Raton, FL 33431   |   |
| (Street Addre  | ess of Principal Office)  |
| . If limited liability company is a manager-manag  | ed company, check here 🗵  |
| . The name and usual business addresses of the m   | anaging members or managers are as follows:   |
| VFP Intermediate Holdings LLC c/o Monarch  | Alternative Capital LP  |
| 535 Madison Avenue, New York, NY 10022   |   |
| Attn: Michael Kelly  |   |
| <ol> <li>Attached is an original certificate of existence, no more than 9 rejurisdiction under the law of which it is organized. (A photoc anslation of the certificate under eath of the translator must be st</li> </ol> | 90 days old, duly authenticated by the official having custody of records copy is not acceptable. If the certificate is in a foreign language, a ubmitted.) |
| 1. Nature of business or purposes to be conducted  | or promoted in Florida: Financial services  |
|  |   |
| Thomas Li  | Zu-   |
|  | authorized representative of a member.  |
| (In accordance with section 608 408/3) F.S. the ex-  | RECUITION Of this document constitutes an affirmation under the   |

Typed or printed name of signee

Thomas F. Berner

penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

# 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:  |
|---|--|
| Veritas Financial Partners, LLC   |  |
| If unavailable, the alternate to be used  | d in the state of Florida is:  |
| 2. The name and the Florida street ad   | Idress of the registered agent and office are:   |
| Corporation Service (   | Company  |
|   | (Name)   |
| 1201 Hays Street  |  |
| Florida Str   | eet Address (P.O. Box NOT ACCEPTABLE)  |
| Tallahassee   | FL 32301<br>City/State/Zip   |
| liubility company at the place designate<br>agent and agree to act in this capacity.<br>relating to the proper and complete per | t and to accept service of process for the above stated limited ed in this certificate, I hereby accept the appointment as registered  I further agree to comply with the provisions of all statutes formance of my duties, and I am familiar with and accept the lagent as provided for in Chapter 606, Florida Statutes. |
|   | 00.00 Filing Fee for Application   |
|   | 25.00 Designation of Registered Agent 30.00 Certified Copy (optional)  |

Certificate of Status (optional)

5.00

# Delaware

PAGE 1

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "VERITAS FINANCIAL PARTNERS 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 TWENTIETH DAY OF SEPTEMBER, A.D.

2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VERITAS FINANCIAL PARTNERS LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF AUGUST, A.D. 2011.

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

5030745 8300

111024334

Jeffrey W. Bullock, Secretary of State AUTHENTY CATION: 9040562

DATE: 09-20-11

You may verify this certificate online at corp.delaware.gov/authver.shtml