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

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

· ·	ization Partners Fund I, L.L.C. (Name of Foreign Limited	Lia	
	on under the law of which foreign limited liability sorganized)	3.	N/A (FEI number, if applicable) Perpetual (Duration: Year limited liability company will cease to
4. Decembe	•	5.	Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
660 Herry	(Date first transacted business in F (See sections 608.501 & 608.502 F. nitage Circle, Suite 100, Palm Beach Gardens	S. t	o determine penalty liability)
	d liability company is a manager-manage	d c	Principal Office) ompany, check here ging members or managers are as follows:
660 Hen	mitage Circle, Suite 100 each Gardens, FL 33410		
0. Attached in the jurisdiction of the same of the sam	is an original certificate of existence, no more than 90 n under the law of which it is organized. (A photoco the certificate under oath of the translator must be sub	py i xmi	ys old, duly authenticated by the official having custody of reconstruction of the certificate is in a foreign language, a sted.) bromoted in Florida: Pursue any lawful business
	Signature of a member or an at (In accordance with section 608.408(3), an affirmation under the penalties of per Joel Levine	F.S.	orized representative of a member. , the execution of this document constitutes that the facts stated herein are true.)

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.

	of the Limited Liability Compa	ıny is:	
Recapitalizati	on Partners Fund I, L.L.C.	<u>-</u>	
2. The name	and the Florida street address o	f the registered agent and	office are:
	Joel Levine		
		(Name)	
	660 Hermitage Circle, Suite 1		
	Florida Street Addr	ess (P.O. Box <u>NOT</u> ACCEPTAB	LE)
	Palm Beach Gardens	FL, 33410	
		City/State/Zip	
liability comp agent and agr relating to the	named as registered agent and to any at the place designated in th ree to act in this capacity. I furth proper and complete performan my position as registered agent (Signature)	is certificate, I hereby acce her agree to comply with the nce of my duties, and I am f	pt the appointment as registered provisions of all statutes amiliar with and accept the

\$ 100.00 Filing Fee for Application

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

\$ 25.00 Designation of Registered Agent

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "RECAPITALIZATION PARTNERS FUND I,

L.L.C." 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 FOURTEENTH DAY OF

DECEMBER, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID

"RECAPITALIZATION PARTNERS FUND I, L.L.C." WAS FORMED ON THE

TWELFTH DAY OF DECEMBER, A.D. 2011.

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

5078909 8300

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Jeffrey W. Bullock, Secretary of State **AUTHENTY CATION:** 9225815

DATE: 12-14-11

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