

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.

(((H13000095053 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222~1092

Fax Number

: (850)878-5368

Enter the email address for this business entity to be used for future $\stackrel{\longleftrightarrow}{\Box}$ annual report mailings. Enter only one email address please.

Email	Address:	:			

Foreign Limited Liability Company SUN BTX, LLC

APR 26

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

APR 29 2013 T CLINE

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 RECESSER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: SUN BTX, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LL.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," "LLC," "LLC.") DELAWARE (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) 4, 01/09/2012 PERPETUAL (Duration: Year limited liability company will cease to exist or "perpetual") (Date of Organization) 6. UPON QUALIFICATION (Date first transacted business in Plorids, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability) 5200 TOWN CENTER CIRCLE, SUITE 600 **BOCA RATON, FL 33486** (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: 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 authorificated 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

11. Nature of business or purposes to be conducted or promoted in Florida: ANY AND ALL LAWFUL

PURPOSES

translation of the certificate under oath of the translator must be submitted)

Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

MICHAEL J. MCCONVERY, AUTHORIZED REPRESENTATIVE

Typed or printed name of signee

1. The name of the Limited Liability Company is:

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, PLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE POLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

s used in the state of Florida is:	7.0°				
	ASA AS				
or the tegistered agent and otnes are:	SS				
CT CORPORATION SYSTEM					
(Numo)					
1200 SOUTH PINE ISLAND ROAD					
ress (P.O. Box NOT ACCEPTABLE)					
PL 33324					
	of the registered agent and office are: SYSTEM (Nume) ISLAND ROAD eas (P.O. Box NOT ACCEPTABLE)				

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 Socretar Robecca Barb

> \$ 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 W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SUN BTX, 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 TWENTY-SIXTH DAY OF APRIL, A.D. 2013.

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

SECRETARY OF STATE

5092749 8300

130489980

You may verily this cortificate coling

Jeffrey W. Bullock, Secretary of State

DATE: 04-26-13