Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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Foreign Limited Liability Company Sun Malted I, LLC

Certificate of Status	0
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Corporate Filing Menu

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SEP 11 2014

EXAMINER 9/10/2014

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Sun Malted I, LLC		
(Name of Foreign Limited Liability Company; must include "Limited Liability	y Company," "L.L.C" or "LLC.")	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Liability Company," "L.L.C." or "LLC.")	Plorida. The alternate name must include "Limit	ed
2. Delaware 3. 47-1790526		
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)	
4. October 5, 2012 (Date first transacted business in Florida, if prior to re	oranian)	
(See sections 605.0904 & 605.0905, F.S. to determine pe	nalty liability)	
5. 5200 Town Center Circle, Suite 600		
Boca Raton, FL 33486		
(Street Address of Principal Office)	,	
6. 5200 Town Center Circle, Suite 600		
Boca Raten, FL 33486	run aus	
(Mailing Address)		
7. The name, title or capacity and address of the person(s) who has/	ave authority to manage is/are:	-
Sun Capital Partners V, L.P. (Member - Managed)		
	<u> </u>	ال ق مدي
5200 Town Center Circle, Suite 600		_
Boca Raton, FL 33486		
	***	!-1
8. Attached is an original certificate of existence, no more than 90 day having custody of records in the jurisdiction under the law of which it	is organized. (A photocopy is not	al
acceptable. If the certificate is in a foreign language, a translation of the	he certificate under oath of the transla	tor
must be submitted)		
Myshad McConven		
Signature of an authorized per in accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation us on aware that any false information submitted in a document to the Department of State constitutes a th	der the penalties of perjury that the facts stated herein a	re true. I
Michael J. McConvery, Vice President		
Typed or printed name of signed		

1. The name of the Limited Liability Company is:

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

f unavailable, the alternate to be used	in the state of Florida is:	
t unavariable, the alternate to be used	in the state of Florida 18:	
. The name and the Florida street add	iress of the registered agent and of	fice are:
C T Corporation System		
	(Naine)	
1200 South Pine Island Ro	ರಾದೆ	2014 SEP 1
Florida Stre	ct Address (P.O. Box NOT ACCEPTABLE)	
Plantation	FL 33324	F A
	City/State/Zip	

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 605, Florida Statutes.

By:	C T Corporation System MONATT Char	mbers-	Maria To Chambers, Special Assistant Secre	etarv
	(Signa	ture)		

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

\$ 5.00 Certificate of Status (optional)

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SUN MALTED I, 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 TENTH DAY OF SEPTEMBER, A.D. 2014.

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

2714 SEP IU A 9 4.

5222179 8300

141162406

You may vorify this cortificate onlin

ADTHENTICATION: 1685813

DATE: 09-10-14