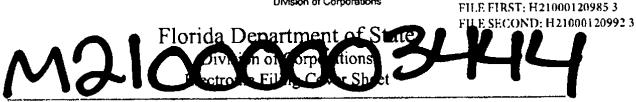
3/25/2021

Division of Corporations



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.

(((H21000120985 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone

: (614)280-3338

Fax Number

: (954)208-0845

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

Email 1	Address:	
-maii	ACCUMPNN:	

## Foreign Limited Liability Company Sun StonePoint Aggregator GP, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

## FILE FIRST: BEFORE

H21000120992 3

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MAR 25 2021

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

2021-03-25 12:46:01 CST

IN COMPLANCE WITH SECTION 005.0902. FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN HAITED HABILITY COMPANY TO TRANSACT BUSINESS. IN THE STATE OF FLORIDA:

1. Sun StonePoint Aggregator GP, LLC
(Name of Foreign Limited Liability Company) must include "Limited Liability Company." "LLC," or "LLC")

Delaware			86-2816471	
(Jurisdiction under the law of which foreign limited liability company is organized)		3.	(TEI number, if applicable)	
	(Porte liver transacted business in Florida if prior to (See sections 695 0904 & 005 0905, F.S. to determi	ingistrative	) habil.iy)	
5200 Town Center Cir.	, 4th Floor	6.	5200 Town Center Cir., 4th Floor	
et Address of Principal Office)		0,	(Mailing Address)	
Boca Raton, Ft. 33485			Boca Raton, FL 33486	
Name and <u>street addres</u>	s of Florida registered agent. (P.O. Box	NOT:	acceptable)	2021 HAR
Name:	C T Corporation System			HAR 2
Office Address:	1200 South Pine Island Road			35
	Plantation		33324 Florida	9

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(City)

C.T Corporation System

By: Stephanie Hencz, Assistant Secretary
(Refisered agent's signature)

)6176383 - .

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Time or Capacity:	•	Name and Address:
⊠Manager	Name: Sun StonePoint, L.P.	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized	PO Box 309, Ugland House	□Authorized	· · · · · · · · · · · · · · · · · · ·	
Person	Grand Cayman KY-1-1104	Person		
□Other	□Other	□Other	<del></del>	[]Other
□Manager	Name:	□Nanager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	☐Other	Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□ Authorized		
Person		Person		
□Other	Other	Other		□Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
- 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, 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.

CCC
Signature of direction person
Chad Crosby
Typed or printed name of signor

6176383





Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SUN STONEPOINT AGGREGATOR GP, 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-FIFTH DAY OF MARCH, A.D. 2021.

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

Authentication: 202820410

Date: 03-25-21