

B12000000002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

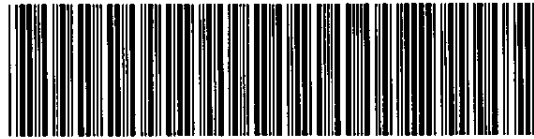
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

DEC 26 2012

L. SELLERS

Office Use Only



200241902562

12/20/12--01018--017 **1052.50

RECEIVED
12 DEC 20 PM 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
12 DEC 20 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

1/2 FILING FILE 2nd

ACCOUNT NO. : I20000000195

REFERENCE : 459250 11645A

AUTHORIZATION :

COST LIMIT : PPD - CK #8544

ORDER DATE : December 14, 2012

ORDER TIME : 12:40 PM

ORDER NO. : 459250-010

CUSTOMER NO: 11645A

FOREIGN FILINGS

NAME: TCA GLOBAL CREDIT MASTER FUND,
LP

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Becky Peirce -- EXT# 52919

EXAMINER: _____

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINESS IN FLORIDA

1. TCA GLOBAL CREDIT MASTER FUND, LLP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

2. CAYMAN ISLANDS

State or Country of Formation

3. MARCH 9, 2010

Date of Formation

4. Federal Employer Identification Number: 45-2602266

5. Name of Registered Agent for Service of Process and Florida Street Address:

ROBERT PRESS

1404 RODMAN ST

HOLLYWOOD, FL 33020

6. 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.

Robert Press

Signature of Registered Agent

7. Principal Office:

c/o Caledonian Trust (Cayman) Ltd.

69 Dr. Roy's Drive

Grand Cayman KY1-1102, CAYMAN ISLANDS

8. Mailing Address:

P.O. Box 1043

c/o Caledonian Trust (Cayman) Ltd.

Grand Cayman, KY1-1102, CAYMAN ISLANDS

9. If limited partnership is a limited liability limited partnership, check box .

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: TCA GLOBAL CREDIT FUND,
GP, LTD.

Street Address: 69 Dr. Roy's Drive

Grand Cayman KY1-1102
CAYMAN ISLANDS

Mailing Address: _____

Name of General Partner: _____

Street Address: _____

Mailing Address: _____

Name of General Partner: _____

Street Address: _____

Name of General Partner: _____

Street Address: _____

Mailing Address: P.O Box 1043
c/o Caledonian Trust (Cayman) Ltd.
Grand Cayman, KY1-1102
CAYMAN ISLANDS

Mailing Address: _____

Name of General Partner: _____ Name of General Partner: _____

Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

11. Effective date, if other than the date of filing: _____
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 11th day of December, 2012

Rahat Khan

Signature of a general partner

The individual signing this document affirm that the facts stated herein are true and the individual is aware that 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.

Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

FILED
12 DEC 20 11:10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WK-39364

Certificate of Registration of Exempted Limited Partnership

I, **JOY A. RANKNE**, Assistant Registrar of Exempted Limited Partnership in the Cayman Islands, **DO HEREBY CERTIFY**, pursuant to the Exempted Limited Partnership Law, 1991, that all the requisitions of the said Law in respect of registration were complied with by

TCA Global Credit Master Fund LP, an Exempted Limited Partnership registered in the Cayman Islands on the 9th day of March, Two Thousand Ten

Given under my hand and Seal at George Town in the Island of Grand Cayman this 9th day of March, Two Thousand Ten



CERTIFIED TO BE TRUE AND CORRECT COPY

Signed: *[Signature]*
Joy A. Rankne
Assistant Registrar

Date: 09 March 2010

Assistant Registrar of Exempted Limited Partnership
Cayman Islands