

(Requesto	or's Name)
(Address)	)
(Address)	)
(City/State	e/Zip/Phone #)
PICK-UP	] WAIT MAIL
(Business	s Entity Name)
(Docume	nt Number)
Certified Copies	Certificates of Status
Special Instructions to Filing	Officer:

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700378615677

ALLAHASSEE, FLORID,

2022 JAN 20 AM II: 34

RECEIVED

T. LEMIEUX

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 418180 4373439

AUTHORIZATION : Symmetry

COST LIMIT : \$ 1000.00

ORDER DATE: January 19, 2022

ORDER TIME : 9:06 AM

ORDER NO. : 418180-005

CUSTOMER NO: 4373439

## FOREIGN FILINGS

NAME: QSS DEFENDED VALUE FUND LP

XXXX QUALIFICATION (TYPE: LP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER:

## COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: OSS Defended Value Fund LP		
Name of Foreign Limited I	artnership or Limited Lia	ability Limited Partnership
The enclosed application, certificate of status are partnership to transact business in Florida. Please return all correspondence concerning this		egister a foreign limited partnership or limited liability limited
Emily Arcuri		
Contact Person		
c/o Akin Gump Strauss Hauer & Feld LLP		
Firm/Company		
One Bryant Park, 43rd Floor		
Address		
New York, NY 10036		
City, State and Zip Code	<u>.</u>	
earcuri@akingump.com		
E-mail address: (to be used for future annual r	eport notification)	
For further information concerning this matter,	please call:	
Emily Areuri	at ( 212	407.3021
Name of Contact Person		Daytime Telephone Number
Enclosed is a check for the following amount:		
S1,000.00 Filing Fees S1,008.75 Filing (S965 Filing Fee and S35 Registered Agent Fee)		
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDR Registration Section Division of Corpora P. O. Box 6327 Tallahassee, FL 32	on rations

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

TO TRANSACT BUSINESS IN FLORIDA QSS Defended Value Fund LP (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 L.L.P. 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. State or Country of Formation Date of Formation 87-4016252 4. Federal Employer Identification Number: [ ] 5. Name of Registered Agent for Service of Process and Florida Street Address: Corporation Service Company 1201 Hays Street Tallahassee, FL, 32301 6. Thereby 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 Eyluma Baharu

Assessant Vac President

Signature of Registered Agent my position as registered agent. 7. Principal Office: 8. Mailing Address: 251 Little Falls Drive 13000 Sawgrass Village Circle Wilmington, Delaware 19808 Suite 10 Ponte Vedra Beach, Florida 32082 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: Quantitative Systematic Strategies LL Name of General Partner: 251 Little Falls Drive Street Address: Street Address: Wilmington, Delaware 19808 13000 Sawgrass Village Circle, Suite 10 Mailing Address: Mailing Address: Ponte Vedra Beach, Florida 32082 Name of General Partner: \_\_\_\_\_\_Name of General Partner: \_\_\_\_\_ Street Address: Street Address:

\_\_\_\_\_ Mailing Address: \_\_\_\_

Mailing Address:\_\_\_

	Name of General Partner:
Street Address:	Street Address:
Mailing Address:	Mailing Address:
	er the date this document is filed by the Florida Department of State.) clicable statutory filing requirements, this date will not be listed as the
	not more than 90 days prior to the delivery of this application to the
	er orneral naving custody of the entity's records in the jurisdiction and
Florida Department of State, by the Secretary of State or othe the law of which it is organized.  Signed this day of And	

The individual signing this document affirms 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

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

DELAWARE, DO HEREBY CERTIFY "QSS DEFENDED VALUE FUND LP" 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 NINETEENTH DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "QSS DEFENDED VALUE FUND LP" WAS FORMED ON THE SEVENTEENTH DAY OF NOVEMBER, A.D. 2021.

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

Authentication: 202435983

Date: 01-19-22

6401384 8300 SR# 20220180098