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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : CORPORATION SERVICE COMPANY Account Number : I20000000195 Phone : (850) 521-0821 Fax Number : (850)558-1515 **Enter the email address for this business entity to be used for Lu $oldsymbol{\mu}_{\mathbf{k}}$ annual report mailings. Enter only one email address please. Email Address: Foreign Limited Liability Company GEOSAM CAPITAL US GP LLC

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Page Count	x9 x4.x 5
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January 9-14-12

J. SAULSBERRY EXAMINER

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SEP 18 2012

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

I.	Geosam Capital US GP LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	-	
co	Sam Capital US GP LLC Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.") Funavailable, enter alternate name adopted for the purpose of transacting business in Plorida and attach a copy of the written of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability y," "LLC," "LLC.") Water fliction under the law of which foreign limited liability (Date of Organization) S. perpetual (Date of Organization) (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability company will coase to exist or "perpetual") (Shain Lake Drive, Suite 500, Halifax, Nova Scotia B3S IA2 Chain Lake Drive, Suite 500, Halifax, Nova Scotia B3S IA2 (Sircet Address of Frincipal Office) In a manager are and usual business addresses of the managing members or managers are as follows: In a manager and usual business addresses of the managing members or managers are as follows: In a manager and usual business addresses of the managing members or managers are as follows: In a manager are an usual business addresses of the managing members or managers are as follows: In a manager are an usual business and prior the suite 500, Halifax, Nova Scotia B3S IA2 Conferey Adam McLean, 84 Chain Lake Drive, Suite 500, Halifax, Nova Scotia B3S IA2 Confered to the behavior of which it is organized. (A photocopy is not acceptable. If the certificate is in a fareign language, a more of the certificate under each of the translator must be submitted.) In a coordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the possible of pergrey that the facts stated herein are use. I am aware that any false information admitted in a document to the Department of State considutes a third degree felory as provided for in s.817.155, F.S.)		
	Delaware (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)	-	
4.	(Date of Organization) (Duration; Year limited liability company will cease to	-	
6.	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	. 20	
7.	84 Chain Lake Drive, Suite 500, Halifax, Nova Scotia B3S 1A2	12 SEP	
	(Street Address of Principal Office)		
8.	If limited hability company is a manager-managed company, check here	7	
9.		9: 32	
	Michael Rapps, 84 Chain Lake Drive, Suite 500, Halifax, Nova Scotia B3S 1A2	- -	
	Martin Pham, 84 Chain Lake Drive, Suite 500, Halifax, Nova Scotiu B3S 1A2	_	
thx	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of rec jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a instation of the certificate under eath of the translator must be submitted.)	cords in	
11	. Nature of business or purposes to be conducted or promoted in Florida: perform general partner duties	-	
	duties -	.•	
	Syan 6. Dunett		
	(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. 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, P.S.)		
	Bryan P. Durett, Esq., authorized representative		

Typed or printed name of signee

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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

	e of the Limited Liability Cor pital US GP LLC	npany is:		
If unavailab	le, the alternate to be used in	the state of Florida is:		
2. The nam	e and the Florida street addres	s of the registered agent and of	ffice are:	2012 SEP
	Corporation Service Com	bany	ž.	띺
	. (Name)			
	1201 Hays Street			132
	Florida Street A	ddress (P.O. Box NOT ACCEPTABLE	STATE	9: 32
	Tallahassee	FL 32301		2
		City/State/Zip		
liability com agent and ag relating to th	pany at the place designated in gree to act in this capacity. If we proper and complete perform of my position as registered ago Corporation Service Comp By:		the appointment as registered provisions of all statutes with and accept the	
	\$ 100.0	0 Filing Fee for Application		

Designation of Registered Agent

Certificate of Status (optional)

Certified Copy (optional)

\$ 25.00 \$ 30.00

\$ 5.00

Delaware

PAGE

The First State

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

DELAWARE, DO HEREBY CERTIFY "GEOSAM CAPITAL US 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 FOURTEENTH DAY OF SEPTEMBER, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GEOSAM"

CAPITAL US GP LLC" WAS FORMED ON THE ELEVENTH DAY OF JULY, A.D.

2012.

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

2012 SEP 14 AM 9: 32 SECRETARY OF STATE TALLAHASSEE, FI OBIO

5182421 8300

121033677

You may verify this certificate online at corp. dalawara, gov/authver.shtml

AUTHENTY CATION: 9847358

DATE: 09-14-12