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Division of Corporations
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FLORIDA/FOREIGN LP/LLP

QiConnect LP

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

1. Q1Connect 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 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. Delaware

(State or Country of Formation)

3. 07-25-2006

(Date of Formation)

4. Kuba Fabians

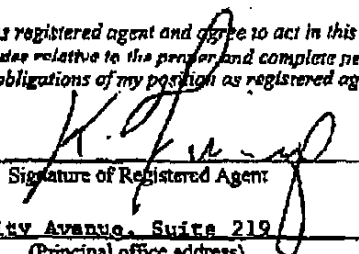
(Name of Registered Agent for Service of Process)

5. 4801 South University Avenue, Suite 219

(Florida street address for Registered Agent)

Davis, FL 33328

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.


Signature of Registered Agent

7. 4801 South University Avenue, Suite 219

(Principal office address)

Davis, FL 33328

8. If limited partnership is a limited liability limited partnership, check box ☐

9. 4801 South University Avenue, Suite 219
(Mailing address)

Davie, FL 33328

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

Kuba Fabiars
(Name)

4801 South University Avenue, Suite 219
(Street Address)

Davie, FL 33328

4801 South University Avenue, Suite 219
(Mailing Address)
Davie, FL 33328

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

_____ (Name)	_____ (Street Address)
	_____ (Mailing Address)
	_____ (Street Address)
	_____ (Mailing Address)

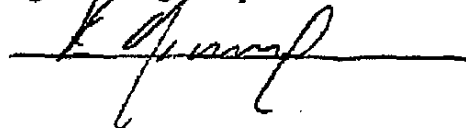
11. Effective date, if other than the date of filing: Upon qualification

(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 _____ day of August, 2006

Signature of a general partner:



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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Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF LIMITED PARTNERSHIP OF "QICONNECT LP", FILED IN THIS OFFICE ON THE TWENTY-FIFTH DAY OF JULY, A.D. 2006, AT 6:48 O'CLOCK P.M.

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Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4930432

DATE: 07-26-06

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