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(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

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T. CLINE

JUN 30 2011

EXAMINER

2011 JUN 29 PM 4:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Quadrant Residential Capital IV, LP
Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.
Please return all correspondence concerning this matter to:

David K. Fowler

Contact Person

Henderson, Franklin, Starnes & Holt, P.A.

Firm/Company

1648 Periwinkle Way, Suite B

Address

Sanibel, FL 33957

City, State and Zip Code

david.fowler@henlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David K. Fowler

Name of Contact Person

at (239) 344-1353

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)	<input type="checkbox"/> \$1,008.75 Filing Fees and Certificate of Status	<input type="checkbox"/> \$1,052.50 Filing Fees and Certified Copy	<input type="checkbox"/> \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status
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STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 28, 2011

DAVID K. FOWLER
HENDERSON, FRANKLIN, STARNES & HOLT
1648 PERIWINKLE WAY, SUITE B
SANIBEL, FL 33957

SUBJECT: QUADRANT RESIDENTIAL CAPITAL IV, LP
Ref. Number: W11000034590

We have received your document for QUADRANT RESIDENTIAL CAPITAL IV, LP and your check(s) totaling \$1000.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 211A0001552

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. Quadrant Residential Capital IV, 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.

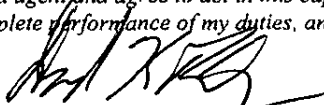
If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

2. Texas 3. 10/21/2009
State or Country of Formation Date of Formation

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

David K. Fowler
1648 Periwinkle Way, Suite B
Sanibel, FL 33957

5. 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. Principle Office: (Florida Street Address)

1648 Periwinkle Way, Suite B
Sanibel, FL 33957

8. Mailing Address:

1648 Periwinkle Way, Suite B
Sanibel, FL 33957

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

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

Quadrant Residential
Name of General Partner: Partners, LLC

MU-3342
Name of General Partner: _____

Street Address: 8333 Douglas Ave., Suite 1350
Dallas, TX 75225

Street Address: _____

Mailing Address: 8333 Douglas Ave., Suite 1350
Dallas, TX 75225

Mailing Address: _____

Name of General Partner: _____

Name of General Partner: _____

Street Address: _____

Street Address: _____

Mailing Address: _____

Mailing Address: _____

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TALLAHASSEE, FLORIDA

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 24th day of June, 20 11


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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Hope Andrade
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Quadrant Residential Capital IV, LP (file number 801184775), a Domestic Limited Partnership (LP), was filed in this office on October 21, 2009.

It is further certified that the entity status in Texas is in existence.

It is further certified that our records indicate RALPH S JANVEY as the designated registered agent for the above named entity and the designated registered office for said entity is as follows:

2100 ROSS AVENUE
SUITE 2600
DALLAS, TX - 75201 USA

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on June 30, 2011.



A handwritten signature in cursive script, appearing to read "Hope Andrade".

Hope Andrade
Secretary of State