

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fak audit number (shown below) on the top and bottom of all pages of the document.

(((H18000112881 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

Prom: **GQG PARTNERS GP**

: CAPITOL SERVICES, INC. Account Name

Account Number : 120160000017

: (800)345-4647

Fax Number

: (800) 432-3622

PLEASE FILE SECOND! AFTER **GQG PARTNERS GP** LLC!!*

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	
Email	Address:	

PLEASE FILE SECOND! AFTER GQG PARTNERS GP LLC!!**

***PLEASE FILE

LLC!!*****

SECOND! AFTER

FLORIDA/FOREIGN IN/LELP GQG PARTNERS LP

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$1,052.50

PLEASE FILE SECOND! AFTER **GQG PARTNERS GP** LLC!!**

PLEASE FILE SECOND! AFTER GQG PARTNERS GP LUC!!**

Electronic Filing Menu

Corporate Filing Menu

Help

K SAL

APR 1 1 2018

4/10/2018

Elie Sunbiz.org/scripts/efilcovr.exe

GQG PARTNERS LLC 350 E. Las Olas Boulevard Suite 1100 Fort Lauderdale, FL 33301

April 9, 2018

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

Re: Consent to Use by GQG Partners LP of Indistinguishable Name

Ladies and Gentlemen:

GQG Partners LLC, a Delaware limited liability company (Florida Department of State Document No. M16000003401), hereby consents to the qualification to transact business in the State of Florida by GQG Partners LP and its use of the name "GQG Partners LP" in the State of Florida.

GQG PARTNERS LLC

Name: Grego y J. Lyons Title: Authorized Person

(04/06) 04/10/2018 17:16:00 H18000112881 3

18 APR 10 AM 9: 43

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

	TO TRANSACT BU	ISINESS IN FLORIDA	1 144 St. OF 37.
լ GQG Partners LP			SPLOSION STATE
Acceptable Limited Partnership suj	fixes: Limited Partnership, Li	mited Partnership, which must include mited, L.P., LP, or Ltd. ad Liability Limited Partnership, L.L.L.P.	sujjix)
If name unavailable, name under	which the limited partnership of business in Florida; mus	or limited liability limited partnership project contain acceptable suffix.	oses to register to transact
2. Delaware		3. February 9, 2018 Onte of Formation	
State or Countr 4. Federal Employer Identification			
5. Name of Registered Agent for	Service of Process and Florid	la Street Address:	
Capitol Corporate Service	s, Inc.		
515 East Park Avenue 2nd	<u> FI</u>		
Tallahassee, FL 32301			
 I hereby accept the appointmen of all statutes relative to the pro my position as registered agent. 	per and complete performance Lim Tadd	to act in this :apacity. I further agree to e of my duties, and I am familiar with and Kim Tadlock, Asst. S of Capitol Corporate Registered Agent	accept the obligations of ecretary on behalf
7. Principal Office:	8.	Mailing Address:	
350 East Las Olas Boul	evard 3	50 East Las Olas Boulevard	
Suite 1100		uite 1100	
Fort Lauderdale, FL 333	<u> 501 F</u>	ort Lauderdale, FL 33301	
9. If limited partnership is a lim	ited liability limited partners	hlp, check box.	
10. Name, principal office addre	ss, and mailing address of ea	ch general postmercy.	
Name of General Partner: GC	G Partners GP LLC	Name of ⊃eneral Partner:	
Street Address: 350 East	Las Olas Blvd #1100	Street Address:	
Fort Lauc	ierdale, FL 33301		
Mailing Address: 350 Eas	Las Olas Blvd #110	Mailing Address:	
	derdale, FL 33301		
Name of General Partner:	. <u> </u>	Name of General Partner:	
Street Address:		Street Address:	-
Mailing Address:		Mailing Address:	
	Lug	0:012	

Taylor Seay 8004323622

(05/06) 04/10/2018 11:16:32 HT 8000112881 3

			FILE)
			FILED 18 AFR 10 AH STORY OF STREET	9: 43 [ATE
Name of Ger	neral Partner:		Name of General Partner:	1670 <u>x</u>
Street Addre	ess:		Street Address:	
Mailing Add	lress:		Mailing Address:	
(Effective date co Note: If the date	annot be prior to inserted in this	n the date of filing: date of to nor more than 90 days after to block does not meet the applied Department of State's record	the date this document is filed by the Florida Department cable statutory filing requirements, this date will not be list	of State.)
12. Attached is a Florida Departm the law of which	ent of State, by	the Secretary of State or other	ot more than 90 days prior to the delivery of this application official having custody of the entity's records in the juris	on to the diction under
Signed this	9th	day of April	20 18	

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.8 7.155, F.S.

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

\$52.50 \$8.75

Page 2 of 2

;» . • ·

t!

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "GOG PARTNERS 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 TENTH DAY OF APRIL, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GOG PARTNERS LP"

NAS FORMED ON THE NINTH DAY OF FEBRUARY, A.D. 2018.

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

۲,

FILED M 9 43

6749431 8300 SR# 20182565563

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

MSQ

Authentication: 202483548

Date: 04-10-18