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

(((H190003743493)))



	Doing so will generate another cover sheet	020 J
To:	Division of Corporations	JAN -2
	Fax Number : (850)617-6383	PH CE
From:	Account Name : VCORP SERVICES, LLC Account Number : 120080000067 Phone : (845)425-0077 Fax Number : (845)818-3588	4: 47 STATE SLORIDA

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

Email Addres	5:	_	

FLORIDA/FOREIGN LP/LLLP

Quadre Investments, L.P.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$1,000.00

2020 JAN -2

Electronic Filing Menu

Corporate Filing Menu

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

1 Quadre Investment	s, L.P.						
Acceptable Limited P	mited Partnership or Limited artnership suffixes: Limited Pa iability Limited Partnership suf	irmership, Limi	ted, L.P., LP, or Ltd.		*-		
If name unavailable,	name under which the limited business in		imited liability limite contain acceptable su		roposes to r	– e gist e r 1	to transact
2 Delaware			3. December 2, 2009)	=	~	
	te or Country of Formation Identification Number	27-15		nte of Formatio	ECKLI	2020 JAN	1 !
5. Name of Registere Matthew Giffuni	ed Agent for Service of Proces	ss and Florida	Street Address:		SSEE.	-2 Pt	<u> </u>
2100 N. Ocean Blvd.	, Suite 2003	_			FLORIDA	ի: դ Wd	وسی ب "میب
Fort Lauderdale, FL	33305				-1	1	
		persormancy o					
2100 N. Ocean Blvd., Suite 2003 2100		ailing Address:					
		2100	00 N. Ocean Blvd., Suite 2003				
		Fort	Fort Lauderdale, FL 33305				
10. Name, principal	office address, and mailing a Partner: Quadre Investments A 2100 N. Ocean Blvd., Suite 20	ddress of each		Partner:			
	Fort Lauderdale, FL 33305						
Mailing Address:	2100 N. Ocean Blvd., Suite 20	O3 Mailing Addre					
	Fort Lauderdale, FL 33305	 					
Name of General Partner:		Name of General F	artner		<u> </u>		
Street Address:			Street Address: _				
Mailing Address:			_ Mailing Address: _				

Filing Fees:

Certifled Copy (optional):

Certificate of Status (optional):

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 to.) Note: If the date inserted in this block does not meet the applic document's effective date on the Department of State's records.	the date this document is filed by the Florida Department of State, rable starutory filing requirements, this date will not be listed as the
Florida Department of State, by the Secretary of State or other the law of which it is organized. Signed this	t more than 90 days prior to the delivery of this application to the official having custody of the entity's records in the jurisdiction under the prior of a general partner

Page 2 of 2

\$52.50

\$8.75

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

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.

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "QUADRE INVESTMENTS, L.P." 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 THIRTY-FIRST DAY OF DECEMBER, A.D. 2019 AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "QUADREL" INVESTMENTS, L.P." WAS FORMED ON THE SECOND DAY OF DECEMBER; 2009. AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE

Authentication: 204331021

Date: 12-31-19

PAID TO DATE.