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# COVER LETTER

	New Filing Se Division of Co						
SUBJEC		oal Dynamic Asse	t Allocatio	m, LLC			
		Na	me of Lin	ited Liabil	ity Company		
The enclo	sed Articles of	Organization and	I fee(s) are	submitted	for filing.		
Please ret	turn all corresp	ondence concerní	ng this ma	tter to the f	ollowing:		
	Trevor Tayl	DI .					
				Name of	Person		
	QDA Globa	l Dynamic Asset	Allocation	LLC			
				Firm/Co	mpany		
	8050 SW 72	nd Ave					
	<del></del>			Addr	288	<del></del>	
	Suite 2107						
	Miami, FL, 3.	3143	Ci	ty/State an	d Zip Code		<del></del>
		E-mail address. (1	o be used	for future a	nnual report notificat	ion)	
For further	information co	ncerning this mat	ter, please	call:			
	Trevor Taylo	r	91°	7	2875588 )		
	Nam	e of Person			Daytime Telephon	e Number	
Enclosed	is a check for t	he following amo	unt:				
<b>≡</b> \$125.0	0 Filing Fee	□\$130,00 Fili Certificate of \$		Certifi	5.00 Filing Fee & ed Copy ed Copy is enclosed)	□\$160,00 Filing Certificate of Sta Certified Copy (additional copy is	atus &

Mailing Address

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

Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Αl	K'I	П	CI	Æ	[ -	Name	:
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The name of the Limited Liability Company is:

QDA Global Dynamic Asset Allocation, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

# ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Princi	pal Of	fice Ad	dress:
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# Mailing Address:

8050 SW 72nd Ave. Suite 2107	8050 SW 72nd Ave, Suite 2107
Miami, FL, 33143	Miami, FL, 33143

# ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent, You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

TLT Ventures, LI	.C	
	Name	
8050 SW 72nd Av	re, Suite 2107	
Florida street add	ress (P.O. Box <u><b>NOT</b></u> ac	rceptable)
Miami.	FL	33143
City	State	Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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# ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

"MGR" + Manager MGR	
	Trevor Taylor 8050 SW 72nd Aye, Apt 2107 Miami, FL. 33143
(Use attachment if necess	sary)
lifethia data ini amend in this l	block does not meet the applicable statutory filing requirements, this date will not
	the Department of State's records.  Tany.
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REOUIRED SIGNATU  Signature and a second state of the second seco	gnature of a member or an authorized representative of a member.  rument is executed in accordance with section 605.0203 (1) (b). Florida Statutes, ire that any false information submitted in a document to the Department of State es a third degree felony as provided for in s.817.155, F.S.  revor Taylor  Typed or printed name of signee
REOUIRED SIGNATU Signamus among the constitution of the constituti	gnature of a member or an authorized representative of a member.  rument is executed in accordance with section 605.0203 (1) (b). Florida Statutes, irre that any false information submitted in a document to the Department of State es a third degree felony as provided for in s.817.155, F.S.  revor Taylor  Typed or printed name of signee  Filing Fees:  Articles of Organization and Designation of Registered Agent

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