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#### **COVER LETTER**

TO: Regi	stration Section	<del>"</del>	•
U	sion of Corporations		v = v=
	Overlity Conital Crown LLC		
SUBJECT:	Quality Capital Group, LLC	ited Liability Company)	<u>-</u>
	(Name of Lini	ned Liability Company)	
Florida," Ce	d "Application by Foreign Limited Lia ertificate of Existence, and check are su apany to transact business in Florida		
Please retur	n all correspondence concerning this n	natter to the following:	
	Sandy Mamo		
	(Na	me of Person)	
	Mark K. Rabidoux, PLC		
	(Fir	rm/Company)	
		-	7 <u>8</u> <b>30</b>
	343 S. Main Street, Suite 2	01	SFP SFP
		(Address)	26 7
			المسلمة المرازي
	Ann Arbor, MI 48104		
		ate and Zip Code)	AM II: 29 OF STATE E FLORIDA
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For further	information concerning this matter, ple	ease call:	
Sar	ndy Mamo	at ( 248 ) 225-3908	<u></u>
	(Name of Person)	(Area Code & Daytime Telepho	ne Number)
MA	ILING ADDRESS:	STREET ADDRESS:	
Divi	sion of Corporations	Division of Corporations	
	Box 6327	Clifton Building	
Tall	ahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	
		rananassee, r is 32501	
	a check for the following amount:		en e
区\$1	25.00 Filing Fee ☐\$130.00 Filing Fee & Certificate of	· · · · · · · · · · · · · · · · · · ·	Filing Fee, Certificate of Status & Certified Copy

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign Lim	ited Liabili	ity Com	pany)			·-		
DE	3. <u>3</u>	<del>9</del> 7-	1525 (FEI nu	924 mber, if	applicabl	e)	<del></del> ,,	_
4. 07/25/06 (Date of Organization)	7	erpeto Duratio exist or	ıal n: Year limi 'perpetual")	ted liabili	ty compa	ny will c	ease to	<del>-</del>
(Date first transacted business (See sections 608.501 & 608.507 27001 W. Agoura Road, Suite 325	in Florida, 2 F.S. to de	, if prior etermina	to registrati penalty lia	on.) bility)		<u>.</u>		_
Agoura Hills, CA 91301	dress of Pr	rincipal	Office)		±: -			<u>-</u>
8. If limited liability company is a manager-man 9. The name and usual business addresses of the John T. Gaiser	aged com	npany,	check her		are as f	SECHE HARBOF ST	06 SEP 26 AM II	三百
27001 W. Agoura Road, Suite 325							29	
Agoura Hills, CA 91301	<del></del>				· <u> </u>			
10. Attached is an original certificate of existence, no more the jurisdiction under the law of which it is organized. (A photanslation of the certificate under eath of the translator must	otocopy is n	not accep						
	_		l in Florid	a: Asset	managem	ent, car	<u>vital</u> f	undin
11. Nature of business or purposes to be conduc	ted or pro	omotec						

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

FLORIDA.	
1. The name of the Limited Liability Company is:	

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

Quality Capital Group, LLC

Corporation Service Company			_
(Name)	<del>-</del>		
1201 Hays Street		3 90	-
Florida Street Address (P.O. Box NOT ACCEPTABLE)	JANASA AHKITAK	SEP 26	글
Tallahassee FL 32301	Q	<b>1</b>	
City/State/Zip	F STATE	MII: 2:	

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 608, Florida Statutes.

Jacqueline (Signature) Troqueline Casper, Asol. v. P.

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

PAGE

# Delaware

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "QUALITY CAPITAL GROUP LLC" 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 FIFTEENTH DAY OF SEPTEMBER, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "QUALITY CAPITAL GROUP LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF JULY. A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.



AUTHENTICATION: 5044280

DATE: 09-15-06

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