M14000004280

(Re	questor's Name)			
(Ad	dress)			
(Åd	dress)			
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	WAIT	MAIL		
(Bu	isiness Entity Na	me)		
(Do	ocument Number)		
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



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ON SERVICE COMPANY							
ACCOUNT NO. : 12000000195							
REFERENCE : 179721 4807453							
AUTHORIZATION :							
COST LIMIT : \$ 155							
ORDER DATE : June 17, 2014							
ORDER TIME : 12:10 PM							
ORDER NO. : 179721-010							
CUSTOMER NO: 4807453							
FOREIGN FILINGS							
NAME: UNIVERSA BLACK SWAN GP LLC							
XXXX QUALIFICATION (TYPE: LL)							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:							
XXCERTIFIED COPY							
PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING							
CONTACT PERSON: Emily Gray EXT# 62925							
EXAMINER:							

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1. Universa Black Swan GP LLC	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.	," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternat	te name mustimolude "Irimited
Liability Company," "L.L.C," or "LLC.")	S mane most increase Lashred
2. Delaware 3. 26-1165429	Marian San Marian Maria
(Jurisdiction under the law of which foreign limited liability (FEI number, if approximately company is organized)	plicable) (// -
4 March 1, 2014	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	(T) and and an area of the same
5. 2601 South Bayshore Drive, Suite 2030, Miami, FL 33	
(Street Address of Principal Office)	
6. 2601 South Bayshore Drive, Suite 2030, Miami, FL 33	133
(Mailing Address)	
7. The name, title or capacity and address of the person(s) who has/have authority to	manage is/are:
Mark W. Spitznagel, Manager, 2601 South Bayshore Drive, Suite 2030, I	-
Wark VV. Spitzhager, Manager, 2001 South Bayshore Drive, Suite 2000, P	
8. Attached is an original certificate of existence, no more than 90 days old, duly auth-	enticated by the official
having custody of records in the jurisdiction under the law of which it is organized. (A	
acceptable. If the certificate is in a foreign language, a translation of the certificate una must be submitted)	der oath of the translator
<u> </u>	
Signature of an authorized person (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of per am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as pro	
Eric Spencer, Chief Financial Officer	, ,
Typed or printed name of signee	

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of	of the Limit	ed Liability Company is:			
Universa B	lack Swa	n GP LLC			
If unavailable,	the alternat	te to be used in the state of Florida is:			
2. The name a	and the Flor	ida street address of the registered agent and office are:		14 JUH	
Eric Spencer				17. Aug	
	(Name)		_ [,,,,,	7 PH	1**
2601 South Bayshore Drive, Suite 2030		(C) (-f		e water	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)			3 3	*:-
	Miami	33133 FL	•		
		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, Florida Statutes.

Eric Spencer (Signature)

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

Delaware

PAGE

The First State

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

DELAWARE, DO HEREBY CERTIFY "UNIVERSA BLACK SWAN GP 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 TWENTY-FOURTH DAY OF MARCH, A.D. 2014.

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

Jeffrey W. Bullock, Secretary of State

AUTHENTY CATION: 1233205

DATE: 03-24-14