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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)205-8842 Phone Fax Number : (850)878-5368

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### Foreign Limited Liability Company Quest Equity Partners, LLC

Certificate of Status	1
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APR 1 7 2015

4/16/2015

#### **COVER LETTER**

	legistration Section Division of Corporations					
SUBJECT	T: QUEST EQUITY PAR	TNERS, LLC				
			d Liubility Company			
				o Transact Business in Florida," Certificate ibility company to transact business in Florid		
Please retu	urn all correspondence conc	erning this matter to the	following:			
	Jay Mehta					
		N.	ame of Person	<del></del>		
	Quest Equity Partne	rs, LLC				
		Fi	rm/Company			
	4800 North Federal	4800 North Federal Highway, Suite 207A				
			Address			
	Boca Raton, Florida	1 33431				
		City/S	tate and Zip Code			
	jay@questequitypart					
	<del></del>	E-mail address: (to be use:	for lature annual report i	otification)		
For further	r information concerning thi	s matter, please call:				
Jay Mehta			at (925 ) 30	9-8650		
_	Name of Co	ntact Person	Area Code	Daytime Telephone Number		
D R P	MAILING ADDRESS: Division of Corporations tegistration Section t.O. Box 6327 altahassee, FL 32314	Divisio Registr Cliston 2661 E	ET ADDRESS: n of Corporations ation Section Building xecutive Center Circle assec. FL 32304			
	is a check for the follows: 125.00 Filing Fee	owing amount: \$130.00 Filing Fee & Centificate of Status	S155.00 Filing Fe	2 & S160.00 Filing Fee, Certificate of Status & Certified Copy		

## 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:

Quest Equity Partners, 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 alternate name must include "Limited Liability Company," "L.L.C," or "L.L.C,")
2. Delaware 3. 46-4016206
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
Company is organized)
4. Upon Filing
(Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability)
5. 4800 North Federal Highway, Suite 207A
Boca Rason, Florida 33431
(Street Address of Principal Office)
6. 4800 North Federal Highway, Suite 207A
v
Boca Raton, Florida 33431
(Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
7. The haire, the of capacity and address of the person(s) who has have unitarity to manage to use
Jay Mehta, Director and Manager
4800 North Federal Highway, Suite 207A
Boca Raton, Florida 33431
Boca Racon, Florida 33431
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
- Meht
Signature of an authorized person
(In accordance with section 605 0203, F.S.), the execution of this distinction constitutes an affirmation under the penalties of penjury that the facts stated fierein are true, am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$ 817 155, F.S.)
Jay Mehta
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 the Limited Liability Compar	ny is:	3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Quest Equity Partners, LLC		The state of the s
If unavailable, the alternate to be used in the	state of Florida is:	STORING ON THE CO.
2. The name and the Florida street address of	the registered agent and office a	ге:
C T Corporation System		
	(Name)	
1200 South Pine Island Road		
Florida Street Addr	ess (P.O. Box NOT ACCEPTABLE)	<del></del>
Plantation	FL 33324 City/State/Zip	
Having been named as registered agent and to liability company at the place designated in th registered agent and agree to act in this capac statutes relating to the proper and complete pe accept the obligations of my position as registe Statutes.	is certificate, I hereby accept the city. I further agree to comply with erformance of my duties, and I am	appointment as h the provisions of all g familiar with and
C T Corporation System  By:  (Signat	Urc)	Coonto Bajon Rio Liberto Francisco
\$ 100.00 \$ 25.00 \$ 30.00 \$ 5.00	Filing Fee for Application Designation of Registered Age Certified Copy (optional) Certificate of Status (optional)	

# Delaware

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "QUEST EQUITY PARTNERS, 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 APRIL, A.D. 2015.

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

*539682*5 8300

150516420

DATE: 04-15-15