M15000005F67

(Re	questor's Name)	<u> </u>
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



600273346596

07/24/15--01003--026 **125.00

DESAGREDATION STAF

JUL 27 2015 J SHIVERS



State Information Burea	u
Requester's Name	R R
842 E. Park Ave. Suit	<u> </u>
Tallahassee FL 561-3	990
City/State/Zip Phone #	
	•
•	Office Use Only
CORPORATION NAME(S) & DOCUMENT	·
1. Quantlab Financial	LLC
(Corporation Name)	(Document #)
2.	
(Corporation Name)	(Document #)
3.	
(Corporation Name)	(Document #)
4(Corporation Name)	(Document #)
☐ Walk in ☐ Pick up time	Certified Copy
	hotocopy
NEW FILINGS AM	ENDMENTS
·	Amendment
	Resignation of R.A., Officer/Director Change of Registered Agent
Domestication \Box	Dissolution/Withdrawal
U Other	Merger
OTHER FILINGS REC	SISTRATION/QUALIFICATION
	Foreign
	Limited Partnership Reinstatement
	Frademark
	Other
	Examiner's Initials

CR2E031(7/97)

COVER LETTER

	Quantlab Financial, LLC						
BJI	JECT:						
	closed "Application by Foreign Limited Liability Compace, and check are submitted to register the above referen						
ase	return all correspondence concerning this matter to the f	following:					
	Mark Hansen						
	Name of Person						
	Quantlab Financial, LLC			,			
	Fir	Firm/Company					
	4200 Montrose Blvd., Suite 200						
		Address					
	Houston, TX 77006	Houston, TX 77006					
	City/Str	City/State and Zip Code					
	mhansen@quantlab.com						
	E-mail address: (to be used	for future annual	report not	ification)			
fur	ther information concerning this matter, please call:						
	Misty Riley	916 at (246-26				
	Name of Contact Person	Area Code	Day	rtime Telephone Number			
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		Division Registrat Clifton B 2661 Exe	of Corporations ion Section suilding cutive Center Circle see, FL 32301			
los	ed is a check for the following amount: \$\Bigsim \frac{1}{2} \\$125.00 \text{ Filing Fee } \Bigsim \frac{1}{2} \\$130.00 \text{ Filing Fee & }	□ \$155.00 Filin	g Fee &	□ \$160.00 Filing Fee, Certificat			

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: QUANTLAB FINANCIAL, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," L.I. 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 "LI C ") DELAWARE 76-0596276 (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 7/21/2015 (Date first transacted business in Florida, if prior to registration) (See sections 605 0904 & 605 0905, F.S. to determine penalty liability) 4200 MONTROSE BLVD, SUITE 200 HOUSTON, TX 77006 (Street Address of Principal Office) 4200 MONTROSE BLVD, SUITE 200 HOUSTON, TX 77006 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box. NOT acceptable) NRAI Services, Inc. Name. 1200 South Pine Island Road Office Address: Plantation (City) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application. 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: BRUCE EAMES, MANAGER MARK HANSEN, MANAGER 9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) Signature of an authorized person This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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. F. HANSEN
Typed or printed name of signee

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "QUANTLAB FINANCIAL, 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-FIRST DAY OF JULY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "QUANTLAB FINANCIAL, LLC" WAS FORMED ON THE SIXTH DAY OF OCTOBER, A.D. 1998.

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

SECRETARY OF STATE

2952501 8300

151074875

AUTHENTY CATION: 2575309

DATE: 07-21-15

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