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REPARIMENT VET

SECRETARY OF STATE

NUG 2 7 2015 T. HAMPTON' CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 757472 4320702

AUTHORIZATION : Opulation

COST LIMIT : \$ 125.00

ORDER DATE : August 24, 2015

ORDER TIME : 12:55 PM

ORDER NO. : 757472-010

CUSTOMER NO: 4320702

#### FOREIGN FILINGS

NAME: LUCROR CAPITAL ADVISORS GP,

LLC

XXXX QUALIFICATION (TYPE: LP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

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:

Lucror Capital Adviso	rs GP. LLC		
(Name of For	eign Limited Liability Company: must include "l	Limited Liability Company," "L.L.C.," or	"LLC,")
(If name unavailable, enter a Liability Company," "L.L.C	Iternate name adopted for the purpose of transaction of the purpose of the purpos	ting business in Florida. The alternate nam	ne must include "Limited
, Delaware	_		
	of which foreign limited liability	(FEI number, if applicable)	
4 upon qualification			
	(Date first transacted business in Florid (See sections 605.0904 & 605.0905, F.S.)	a, if prior to registration.) to determine penalty liability)	•
5. 601 Brickell Key Driv	e. Suite 700, Miami. FL 33131		_
	(Street Address of Principal Of	lice)	-
6			700 -
			SECR TO
	(Mailing Address)		TIM GO
7. Name and street address	ss of Florida registered agent: (P.O. Box N	OT acceptable)	ASS 25
Name:	Richard J. Roy		AS E M
	601 Brickell Key Drive, Suite 700	<del></del>	F 57
Office Address:		,	SS 53
	Miami, FL	, Florida 33131	
Registered agent's accep	(Chy)	(Zip code)	
Having been named as re	gistered agent and to accept service of proc accept the appointment as registered agent	cess for the above stated corporation	at the place designated in
with the provisions of all	statutes relative to the proper and complete	e performance of my duties, and I am	familiar with and accept
the obligations of my pos	ition as registered agent.		
	tichac	d'K	
	rkegistered agant's	signature	
	acity and address of the person(s) who has/h	ave authority to manage is/are:	
Richard J. Roy, Manager			······································
601 Brickell Key Di	rive, Suite 700 Miami, FL 33131		
0.1.1.1.1.1.1.			
9. Attached is a certificate jurisdiction under the law	of existence, no more than 90 days old, duly of which it is organized. (If the certificate is	y authenticated by the official having α in a foreign language, a translation of	sustody of records in the
of the translator must be si		• • • • • • • • • • • • • • • • • • • •	
	Tich ox	48	
	Signature of an author	rized person	
This document is executed submitted in a document to	I in accordance with section 605.0203 (1) (b) the Department of State constitutes a third of	), Florida Statutes. I am aware that any degree felony as provided for in s.817.	false information 155, F.S.
	Richard J		
	Typed or printed name	of cinnau	

## Delaware

PAGE 1

#### The First State

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

DELAWARE, DO HEREBY CERTIFY "LUCROR CAPITAL ADVISORS 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-SIXTH DAY OF AUGUST, A.D.

2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LUCROR CAPITAL ADVISORS GP, LLC" WAS FORMED ON THE FIFTEENTH DAY OF MAY, A.D. 2013.

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

5335448 8300

151218757

Jeffrey W. Bullock, Secretary of State

AUTHENTY CATION: 2678153

DATE: 08-26-15

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