Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Foreign Limited Liability Company OCSIF One LLC	T 22 PM 4: 39
Enter the email annual report	address for this business entity to be used for fitter t mailings. Enter only one email address please	15 <sub>0</sub> CT 22
	Account Number: FCA000000023 Phone: (850)205-8842 Fax Number: (850)878-5368	CO
From:	Division of Corporations  Fax Number : (850)617-6383	D :: 0
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## COVER LETTER

47	:				
	istration Section sion of Corporations				
7.	·				
JBJECT:	QCSIF One LLC				
-		Name of Limite	d Liability Company		<del></del>
e enclosed istence, and	"Application by Fore dicheck are submitted	ign Limited Liability Com to register the above refer	pany for Authorization to T enced foreign limited liabil	Fransact Business in lity company to tran	Florida,* Certificat sact business in Flo
ase return i	all correspondence co	ncerning this matter to the	following:		
	Daniel Krausz				
		N	ame of Person		
	QCSIF One LLC	c/o IEQ Management Inc.		SEC	2015
		F	rm/Company	RETAR AHASS	8 1
	300 Delaware Av	e, Ste 210			22
			Address	E C	22 P
	Wilmington DE 1	9801		STA LOR	<u> </u>
		City/S	tate and Zip Code	57	80
	dkrausz@krauszco	) com			
	GATE US Z. G. A. G.		d for future annual report noti	fication)	<del></del>
r further inf	formation concerning	this matter, please call:			
Dani	iel Krausz		at ( 302 ) 352-5		
	Name of	Contact Person	Area Code	Daytime Telephone N	mper
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		Divisio Registr Clifton 2661 E	TADDRESS: n of Corporations ation Section Building xecutive Center Circle usec, FL 32301		
nclosed is	a check for the fo	llowing amount:			
□ \$1	25.00 Filing Fee	\$130.00 Filing Fee &	S155.00 Filing Fee &		ng Fee, Certificate 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:

If name unavailable, enter alternate name adopted for the purpose of transacting business, iability Company," "L.L.C," or "LL.C.")	in Florida. The alternate name must include "Li			
Delaware 3.				
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)			
Upon Qualification				
(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determine				
. 300 Delaware Avenue, Suite 210, Wilmington DE 19801	·			
	2015 ALEC			
	The same distance			
(Street Address of Principal Offic				
·	A TA			
·	TARRY ASSE			
	TAR IASS			
(Malling Address)  7. The name, title or capacity and address of the person(s) who has	ASSEE, FLOR DE S/have authority to managed s/are:			
(Mailing Address)  7. The name, title or capacity and address of the person(s) who has	ASSEE, FLOR DE S/have authority to managed s/are:			
(Mailing Address)  7. The name, title or capacity and address of the person(s) who has EQ Management Inc., Manager, 300 Delaware Avenue, Suite 210, Wilmington  Attached is an original certificate of existence, no more than 90 caving custody of records in the jurisdiction under the law of which	s/have authority to manage s/are:  DE 19801  Lays old, duly authenticated by the of it is organized. (A photocopy is not			
(Malling Address)  7. The name, title or capacity and address of the person(s) who has EQ Management Inc., Manager, 300 Delaware Avenue, Suite 210, Wilmington  Attached is an original certificate of existence, no more than 90 caving custody of records in the jurisdiction under the law of which ceeptable. If the certificate is in a foreign language, a translation of	s/have authority to manage s/are:  DE 19801  Lays old, duly authenticated by the of it is organized. (A photocopy is not			
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## 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 t	he Limited Liability Company is:	·	
	e alternate to be used in the state of Florida is:		
2. The name and	the Florida street address of the registered agent and office a	ıre:	
	C T Corporation System	2015 OCT 22 SECRETARY I	
	(Name)		
	1200 South Pine Island Road	22 SSEE	F
-	Florida Street Address (P.O. Box NOT ACCEPTABLE)	FES D	
		ST IS	C
-	Plantation FL 33324 City/State/Zip	<u> </u>	
	City/State/Lip		
liability company registered agent of statutes relating t	ted as registered agent and to accept service of process for the at the place designated in this certificate, I hereby accept the and agree to act in this capacity. I further agree to comply with the proper and complete performance of my duties, and I and tions of my position as registered agent as provided for in Cha	appointment as th the provisions n familiar with a	of al
C	T Corporation System		
<u>B</u>			
	(Signature)	•	
	\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Age \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)		



Page 1

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

DELAWARE, DO HEREBY CERTIFY "QCSIF ONE 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-SECOND DAY OF OCTOBER, A.D. 2015.

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

5842833 8300

SR# 20150609418

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

Jeffrey W. Budlock, Securiary of State

Authentication: 10284564

Date: 10-22-15