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(Requestor's Name) (Address)	900283625659
(Address) (City/State/Zip/Phone #)	
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	SUFFICIENCY OF FILMS
Special Instructions to Filing Officer:	16 MAR 22 AM 8: 60
Once Use Only	MAR 2 3 2016

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

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ORDER	DATE	:	March	22,	2016						
ORDER	TIME	:	12:13	РМ							

- ORDER NO. : 072973-005
- CUSTOMER NO: 4300092

## FOREIGN FILINGS

NAME: QF/GH FUND I, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY

 XX
 PLAIN STAMPED COPY

 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

## COVER LETTER

## TO: Registration Section Division of Corporations

SUBJECT:

QF/GH Fund I, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Carolina Oliva

Name of Person

QueensFort Capital Corporation

Firm/Company

999 Brickell Avenue, Suite 560

Address

Miami, Florida 33131

City/State and Zip Code

carolina@queensfortcapital.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person	Area Code	Daytime Telephone Numbe
MAILING ADDRESS:		STREET ADDRESS:
Division of Corporations		Division of Corporations
Registration Section		Registration Section
P.O. Box 6327		Clifton Building
Tallahassee, FL 32314		2661 Executive Center Circle
		Tallahassec, FL 32301

□ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate Certified Copy 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:

(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 "LLC.") **D** 1 

2. Delaware	3. 32	-0488022			
(Jurisdiction under the law company is organized)	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.	la, if prior to registration.) to determine penalty liability)			
5 Brickell Avenue,	Suite 560, Miami, Florida 33131				
	(Street Address of Principal O	ffice)			
6 Brickell Avenue, S	Suite 560, Miami, Florida 33131				
·=·	(Mailing Address)				
7. Name and street addres	ss of Florida registered agent: (P.O. Box $\underline{N}$	IOT_acceptable)		5	
Name:	Corporation Service Company		. ` 		
Office Address:	1201 Hays Street		Q. 2 177.	$\sim$	
	Tallahassee	, Florida <sup>32301</sup>	· · · · · · · · · · · · · · · · · · ·	A h	, ,
Deci-4 J 43	(City)	(Zip code)			••
Registered agent's accept	навсе:				

Having been named as registered agent and to accept service of process for the above stated limited liability company of 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 complywith 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.  $\sim$  $\sim$ 

Corporation Service Company By:	(20)	Courtney Williams
	agent's signature)	Asst. Vice President

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Arthur J. Halleran, Authorized Person

	999 Brickell Avenue, Suite 560
	Miami, Florida 33131
•••••	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)
	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.

By: Arthur J. Halleran, Authorized Person

Typed or printed name of signee



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "QF/GH FUND I, 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 MARCH, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "QF/GH FUND I, LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF FEBRUARY, A.D. 2016.

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



Authentication: 202022012 Date: 03-22-16

Page 1

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SR# 20161790656 You may verify this certificate online at corp.delaware.gov/authver.shtml