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TO:	Registration Section Division of Corporation	ns					
SUBJE	GQG PARTNERS	SLLC					
500,2		7	Name of L	imited Liability (Company		•
						ansact Business in Florida, y company to transact busin	
Please re	eturn all correspondence	concerning this matte	er to the f	ollowing:			
	Daniel Iv	verson					
			Na	me of Person			,
	Capitol S	Services, Inc.					
			Fir	m/Company			
	206 E. 9	9th St, Ste 1300	ס				
				Address			
	Austin,	TX 78701					
			City/Sta	ite and Zip Code	., ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		FOSTER @	Prec	URRENT.	com		
				for future annual	report noi	incation)	
For furth	er information concerning	g this matter, please	call:				
	Margaret Foster			206	965-8	879	
	Name o	of Contact Person		Area Code	Day	time Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tullahassee, FL 32314				Division Registrat Clifton B 2661 Exc	of Corporations of Corporations ion Section uilding centive Center Circle sec, FL 32301	
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 6050402, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREGIN LIMITED LIABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

(ii name unavanable, enter t	litemate name adopted for the purp	ose of tran	sacting business	in Florida. The alternate	name must i	nclude "L	imited
Liability Company," "L.L.C 2. Delaware	," or "LLC.")		81_2100181				
(Jurisdiction under the law	of which foreign limited liability	3	81-2109181	(FEI number, if applica	ble)		
company is organized) 4. Upon qualification							
4. Opon qualification	(Date first transacted bus	iness in Flo	orida, if prior to	egistration.)			
s 1301Second Avenu	(See sections 605 0904 & 6) e, Suite1700	05.0905, F.	.S. to determine	ponalty liability)			
J							
Seattle, WA 98101	/81m.s. A.(A	C 10	(14)				
a 1301Second Avenue	(Street Address o Suite 1700	u Principal	Onice)				
							
Seattle, WA 98101	(Me)!:-						
		g Address)					
7. Name and street addres	ss of Florida registered agent (NOT acceptai	ole)		! .	
Name:	Capitol Corporate Service	es, Inc.					APR :
Office Address:	155 Office Plaza Dr, Ste A	·					25
	Tallahassee			Ulasida 32301			II.
				, Florida <u> </u>			
Registered agent's accep				(Zip code)			ċù
Having been named as re designated in this applica to complywith the provisi	• • •	ntment as e proper c	registered ago	(Zip code) above stated limited liesert and agree to act in	this capaci	itv. I tur	Ç! he filace ther agree
Having been named as re designated in this applica to complywith the provisi	tance: egistered agent and to accept so tion, I hereby accept the appoi ons of all statutes relative to th my position as registered agen	ntment as se proper d t.	registered ago	(Zip code) above stated limited liesert and agree to act in	this capaci	itv. I tur	Ç! he filace ther agree
Having been named as re designated in this applica to complywith the provisi accept the obligations of i	tance: egistered agent and to accept so tion, I hereby accept the appoi ons of all statutes relative to th my position as registered agen	ntment as te proper of t. stered ager	registered ago and complete p La Au ('s signature)	(Zip code) (Zip code) above stated limited licent and agree to act in the serior mance of my dute.	this capaci	itv. I tur	Ç! he filace ther agree
Having been named as re designated in this applica to complywith the provisi accept the obligations of a R. The name, title or capa	tance: egistered agent and to accept se tion, I hereby accept the appoi ons of all statutes relative to th my position as registered agen (Regi	ntment as the proper of the stered agents s) who has	s registered ago and complete p what Ac u's signature) s/have authorit	(Zip code) (Zip code) above stated limited licent and agree to act in the serior mance of my dute.	this capaci	itv. I tur	Ç! he filace ther agree
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Having been named as redesignated in this applicate complywith the provisincept the obligations of the control	stance: egistered agent and to accept se tion, I hereby accept the appoi ons of all statutes relative to th my position as registered agent (Registery and address of the person) LC, Sole Member of GQG	ntment as the proper of the stered agents s) who has	s registered ago and complete p what Ac u's signature) s/have authorit	(Zip code) (Zip code) above stated limited licent and agree to act in the serior mance of my dute.	this capaci	itv. I tur	Ç! he filace ther agree

Typed or printed name of signee

<u>Delaware</u>

Page 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "GQG 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 TWENTY-FIFTH DAY OF APRIL, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GQG PARTNERS"
LLC" WAS FORMED ON THE FOURTH DAY OF APRIL, A.D. 2016.

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

Authentication: 202206896

Date: 04-25-16

6007251 8300 SR# 20162541457

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