# 1416000004667

| (Requestor's Name)                      |  |  |  |  |
|---|--|--|--|--|
| (Address)                               |  |  |  |  |
| (Address)                               |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
| (Document Number)                       |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
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GQG PARTNERS SERIES LLC

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**AUTHORIZATION: ABBIE/PAUL HODGE** 

#### COVER LETTER

| TO:               | Registration Section Division of Corporations  |   |  |  |
|-------------------|--|---|--|--|
| SUBJI             | GQG Partners Series LLC  |   |  |  |
| 5000              |  | Limited Liability Company   |  |  |
| The en<br>Exister | closed "Application by Foreign Limited Liability Comnee, and check are submitted to register the above refer | pany for Authorization to Transact Business in Florida," Certificate of enced foreign limited liability company to transact business in Florida |  |  |
| Please            | return all correspondence concerning this matter to the  | following:  |  |  |
|                   | Duniel Iverson   |   |  |  |
|                   |  | lame of Person  |  |  |
|                   | Capitol Services, Inc.   |   |  |  |
|                   | irm/Company  |   |  |  |
|                   | PO BOX 1831  |   |  |  |
|                   | Address  |   |  |  |
|                   | Austin, TX 78767   |   |  |  |
|                   | City/s   | State and Zip Code  |  |  |
|                   | regagent@capitolservices.com   |   |  |  |
|                   | E-mail address: (to be use   | d for future annual report notification)  |  |  |
| For fu            | ther information concerning this matter, please call:  |   |  |  |
|                   | Daniel Iverson   | 512 499-3075  |  |  |
|                   | Name of Contact Person   | Area Code Daytime Telephone Number  |  |  |
|                   | MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahussee, Fl. 32314          | STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassec, FL 32301               |  |  |
| Enclos            | ed is a check for the following amount:  \$\Pi\$\$ \$125.00 Filing Fee \$\Pi\$\$ Certificate of Status       | ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate 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:

| , GQG Partners Series LI  | .C   |                                    |
|---|--|------------------------------------|
| (Name of Porc   | gn Limited Liability Company, must include "Limited Liability Company," "L L.C.," or   | TLLC.")                            |
| Linbility Company," "L.L.C,"  | emate name adopted for the purpose of transacting business in Florida. The alternate nat<br>or "U.I.C.")   | ne must include "Limited           |
| Delaware  | 3,   |                                    |
| company is organized)   | of which foreign limited liability (FEI number, if applicable  | )                                  |
| Anticipated July 1, 201   |  | _                                  |
|   | (Date tirst transacted business in Florids, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability)   |                                    |
| 350 East Las Olas Blvc  | I., Suite 1100   |                                    |
| Fort Lauderdale, FL 33  |  | <del>_</del>                       |
| 5. 350 East Las Olas Blvd   | (Street Address of Principal Office)<br>, Suite 1100   | _                                  |
| Fort Lauderdale, FL 33  | 301  | <del></del>                        |
|   | (Mailing Address)  | <b>-</b>                           |
| 7. Name and street address  | of Florida registered agent: (P.O. Box NOT acceptable)   | <u> </u>                           |
| Name:   | Capitol Corporate Services, Inc.   | -                                  |
| Office Address:   | 155 Office Plaza Dr, Ste A   |                                    |
|   | Tallahassee , Florida 32301  |                                    |
| Registered agent's accept   | (City) (Zip code)  |                                    |
| Having been named as rej<br>designated in this applicat<br>o complywith the provision | gistered agent and to accept service of process for the above stated limited liab<br>ion, I hereby accept the appointment as registered agent and agree to act in th<br>ons of all statutes relative to the proper and complete performance of my dutie,<br>my position as registered agent.  HAL Au | is capacity. I further agree       |
|   | (Registered agent's signature)   | ****                               |
| 8. The name, title or capa<br>See "Attachment A"                                      | city and address of the person(s) who has/have authority to manage is/are:   |                                    |
|   |  |                                    |
|   | Mely / Sucon   |                                    |
|   | Signature of sin authorized person   |                                    |
| l'his document is executed<br>submitted in a document to                              | in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that an the Department of State constitutes a third degree felony as provided for in s.817   | y false information<br>7.155, F.S. |
|   | RACPH SHAOUL   |                                    |
|   | Typed or printed name of signee  | <del></del>                        |

#### GQG Partners Series LLC

#### Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida Attachment A

#### Section 8

- GQG Partners LLC, Managing Member. 350 East Las Olas Blvd., Suite 1100. Fort Lauderdale, FL 33301.
- Ravij Jain, Officer. 350 East Las Olas Blvd., Suite 1100. Fort Lauderdale, FL 33301.
- Tim Carver, Officer. 350 East Las Olas Blvd., Suite 1100. Fort Lauderdale, FL 3330L.

  Rob Mathai, Officer. 350 East Las Olas Blvd., Suite 1100. Fort Lauderdale, FL 3330L.

Page 1

# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "GQG PARTNERS SERIES 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 NINTH DAY OF JUNE, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID "GQG"
PARTNERS SERIES LLC" IS A SERIES LIMITED LIABILITY COMPANY.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GQG PARTNERS SERIES LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF MAY, A.D. 2016.

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

Authentication: 202460141

Date: 06-09-16

6049184 8300E SR# 20164378396

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