

M17000005098

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

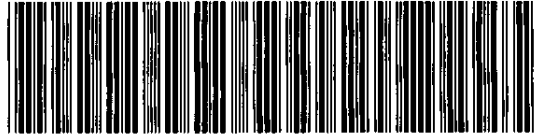
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Please
give file date

of date of Requestor
came in.



800300371808

FILED

SECRETARY OF STATE
TALLAHASSEE FLORIDA
JUN 15 AM 8:49

RECEIVED
DEPARTMENT OF REVENUE
JUN 15 AM 9:47

JUN 16 2017
J. HARRIS

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.Incserve.com
e-mail: info@incserve.com

incserv

1 of 2

ORDER FORM

TO: Florida Department of State
Division of Corporations, Clifton
Building
2661 Executive Center Circle
Tallahassee, FL 32301
corphelp@dos.myflorida.com
850-245-6051

FROM: Melissa Stops
mstops@incserve.com
850.656.7953

REQUEST DATE: 6/15/2017

PRIORITY: Routine

OUR REF.# (Order ID#): 581417

ORDER ENTITY:

BLACK SWAN QUANTITATIVE GENERAL PARTNER LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

BLACK SWAN QUANTITATIVE GENERAL PARTNER LLC (FL)

File the attached foreign qualification document

NOTES:

~~\$1000.00~~ Authorized \$902.50

Email address for annual report reminders: jagomez@blackswanquantadvisors.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Melissa

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

**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:

1. Black Swan Quantitative General Partner LLC
(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.")

2. Delaware 3. 81-5237930
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. July 15, 2015
(Date first transacted business in Florida, if prior to registration,
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1395 Brickell Avenue Suite 1500
(Street Address of Principal Office)
Miami, FL 33131

6. 1395 Brickell Avenue Suite 1500
(Mailing Address)
Miami, FL 33131

FILED
2017 JUN 15 AM 8:49
SECRETARY OF STATE
TALLAHASSEE FLORIDA

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Juan Alfredo Gomez
Office Address: 1395 Brickell Avenue, Suite 1500
Miami, Florida 33131
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at 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 comply with 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.

/s/ Juan Alfredo Gomez
(Registered agent's signature)

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

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Managing Member</u>	<u>Juan Alfredo Gomez</u>		
	<u>1395 Brickell Avenue, Suite 1:</u>		
	<u>Miami, FL 33131</u>		

(Use attachments if necessary)

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)

10. 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.

/s/ Juan Alfredo Gomez
Signature of an authorized person

Juan Alfredo Gomez
Typed or printed name of signer

Delaware

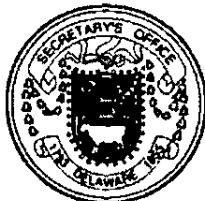
The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BLACK SWAN QUANTITATIVE GENERAL PARTNER 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 FIFTEENTH DAY OF JUNE, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BLACK SWAN QUANTITATIVE GENERAL PARTNER LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF OCTOBER, A.D. 2013.

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



5419671 8300

SR# 20174765975

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

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202713306

Date: 06-15-17