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K. SALY AUG 3 0 2017 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 787633 4807453

AUTHORIZATION /:

COST LIMIT

ORDER DATE: August 28, 2017

ORDER TIME : 9:30 AM

ORDER NO. : 787633-005

CUSTOMER NO:

4807453

FOREIGN FILINGS

NAME: UNIVERSA BLACK SWAN GP XXX LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XXX PLAIN STAMPED COPY _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SPICIFON 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Universa Black Swan (GP XXX LLC		
(Nune of For	eign.Limited Liability.Company; must incl	ude "Limited Liability Company," "L.L.C.," or "	LLC.")
70			
(It name unavailable, enter a Liability Company," "L.L.C,	Iternate name adopted for the purpose of to " or "LLC.")	ansacting business in Florida. The alternate name	must include "Limited
2. Delaware	3	32-2568745	·
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	
4. August 21, 2017	·		12 M
	(Date first transacted business in I (See sections 605.0904 & 605.0905,	Florida, if prior to registration.) F.S. to determine penalty liability)	
5. 2601 South Bayshore	Drive, Suite 2030, Miami, FL 33133	·	62
			SE SO IT.
	(Street Address of Princip	nal Office)	一篇 五一
6 2601 South Bayshore I	Drive, Suite 2030, Miami, FL 33133	,	70. 0
V			33. 0
	(Mailing Addres		
		•	
7. Name and street addres	s of Florida registered agent: (P.O. Bo	ox <u>NOT</u> acceptable)	
Name:	Mark W. Spitznagel		
Office Address:	2601 South Bayshore Drive, Suite 20)30 .	•
•	Miami,	, Florida 33133	
Registered agent's accep-	(City)	(Zip code)	•
designated in this applicate to complywith the provision	tion, I hereby accept the appointment	f process for the above stated limited liabili as registered agent und agree to act in this ir and complete performance of my duties.	capacity. I further agree
	(Registered ag	gent's signature) Mark W. Spitznagel	
8. The name, title or capa	city and address of the person(s) who I	has/have authority to manage is/are:	
	ager, 2601 South Bayshore Drive, Suit	, -	,
_			 -
			
·	· · · · · · · · · · · · · · · · · · ·		
9. Attached is a certificate	of existence, no more than 90 days old	, duly authenticated by the official having cu	istody of records in the
jurisdiction under the law o of the translator must be su	of which it is organized. (If the certifical	ate is in a foreign language, a translation of t	he certificate under oath
		\sim	
	- Ju - Franchisco of on a	authorized person	
rg)4 * . g	, -	•	
This document is executed submitted in a document to	in accordance with section 605,0203 (the Department of State constitutes a ti	 (b), Florida Statutes. I am aware that any f hird degree felony as provided for in s.817.1 	alse information 55, F.S.
	Mark W. Spitznagel	Our remains an how man to minima the	,- ····
7294-105 \8038843	Typed or printed	name of signee	

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "UNIVERSA BLACK SWAN GP XXX 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-NINTH DAY OF AUGUST, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "UNIVERSA BLACK SWAN GP XXX LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF AUGUST, A.D. 2017.

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





Authentication: 203134181

Date: 08-29-17

6519085 8300 SR# 20175924387