

118000003452

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000112865 3)))



H180001128653ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

***PLEASE FILE FIRST!
PRIOR TO GQG
PARTNERS LP!!*****

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I2016C0000017
Phone : (800) 345-4647
Fax Number : (800) 432-3622

***PLEASE FILE FIRST!
PRIOR TO GQG
PARTNERS LP!!*****

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

Foreign Limited Liability Company
GQG PARTNERS GP LLC

***PLEASE FILE FIRST!
PRIOR TO GQG
PARTNERS LP!!*****

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

***PLEASE FILE FIRST!
PRIOR TO GQG
PARTNERS LP!!*****

***PLEASE FILE FIRST!
PRIOR TO GQG
PARTNERS LP!!*****

Electronic Filing Menu

Corporate Filing Menu

Help

K SALY

APR 11 2018

RECEIVED
2018 APR 10 PM 12:25
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
18 APR 10 AM 9:00
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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. GQG Partners GP 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

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 82-4986300

(FEI number, if applicable)

4. Business not yet transacted

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

5. 350 E. Las Olas Blvd. #1100

(Street Address of Principal Office)

Fort Lauderdale, FL 33301

6. 350 E. Las Olas Blvd. #1100

(Mailing Address)

Fort Lauderdale, FL 33301

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

Name: Capitol Corporate Services, Inc.

Office Address: 515 East Park Avenue 2nd Fl

Tallahassee

(City)

, Florida 32301

(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.

Kim Tadlock

Kim Tadlock, Assistant Secretary on
behalf of Capitol Corporate Services, Inc.

(Registered agent's signature)

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

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

Executive Chair

Rajiv Jain

CEO

Tim Carver

350 E. Las Olas Blvd #1100

350 E. Las Olas Blvd #1100

Fort Lauderdale, FL 33301

Fort Lauderdale, FL 33301

General Counsel

Gregory J. Lyons

350 E. Las Olas Blvd #1100

Fort Lauderdale, FL 33301

(Use attachments if necessary) See attachment

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.

Signature of an authorized person

Gregory J. Lyons

Typed or printed name of officer

FILED
18 APR 10 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

GQG Partners GP LLC

Attachment to:

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

Item 8 -Additional information regarding the name, title or capacity and address of
the person(s) who has/have authority to manage is/are:

Title or Capacity: Name and Address:

Member QVFT, LLC
 1314 E. Las Olas Blvd.
 Suite 601
 Fort Lauderdale, FL 33301

Officer Melodie Zakaluk
 350 E. Las Olas Blvd.
 Suite 1100
 Fort Lauderdale, FL 33301

Officer Jim Daly
 350 E. Las Olas Blvd.
 Suite 1100
 Fort Lauderdale, FL 33301

Officer Suzanne Chmura
 350 E. Las Olas Blvd.
 Suite 1100
 Fort Lauderdale, FL 33301

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GQG PARTNERS GP 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 TENTH DAY OF APRIL, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GQG PARTNERS GP LLC" WAS FORMED ON THE TWELFTH DAY OF DECEMBER, A.D. 2017.

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

FILED
18 APR 10 AM 9:01
SECRETARY OF STATE
DELAWARE



6658424 8300

SR# 20182565563

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: 202483547

Date: 04-10-18

H18000112865 3