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Certified Copies	_ Certificates	of Status
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18 APR 19 AH 10: 49

2018 APR 19 PM 8: 36

ECALIARY OF STATE



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 171508

AUTHORIZATION

ema COST LIMIT : *`*155`,00 \$

4807453

ORDER DATE : April 18, 2018

- ORDER TIME : 9:37 AM
- ORDER NO. : 171508-005
- CUSTOMER NO: 4807453

FOREIGN FILINGS

UNIVERSA BLACK SWAN GP XXXII NAME : LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX ____ CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER:

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

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREKEN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA;

1	Universa	Black	Swan	GP	XXXII LLC	
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(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC.," or "LLC.")

Delaware		3. 82-5030082	- ·
(Jurisdiction under the law of w	tuch foreign limited hability company is organized)	(FEI number, if a	
March 19, 2018			,
	Date first transacted basiness in Florida, if prior to n (See sections 605.0904 & 605.0905, F.S. to determine	grainiza) e panaky fiebility)	-
2601 South Bayshore	•	6. 2601 South Bayshore Drive, Su	ite 2030
(Streat Address of	Principal Office)	(Mailing Address)	
Miami, FL 33133		Miani, FL 33133	C 20
	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	<u> </u>	
<u> </u>			<u> </u>
			PR R
Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	25 -
Name:	Mark W. Spitznagel		
Office Address:	2601 South Bayshore Drive, Suite 2030		.FL H 8
	Miami,	, Florida 33133	OPA - S
			- <u>cií</u> d

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.

(Registered agent's signature) Mark W. Spitznagel, Manager

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:
Manager	Mark W. Spitznagel		
	2601 South Bayshore Drive, Suite 2030 Miami, FL 33133		
		····	

(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.

<u> (.)</u>	in		\sum	-
1	Signature	af an authorize	d ретнов	

Mark W. Spitznagel, Manager

7294-108\8155417

Typed or printed name of signes

Delaware

The First State

I, JEFTREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "UNIVERSA BLACK SWAN GP XXXII 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 EIGHTEENTH DAY OF APRIL, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "UNIVERSA BLACK SWAN GP XXXII LLC" WAS FORMED ON THE NINETEENTH DAY OF MARCH, A.D. 2018.

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



Jeffrey W. Bullioca, Secretary of State

Authentication: 202536574 Date: 04-18-18

6806173 8300 SR# 20182808407

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