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(((H21000305208 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COGENCY GLOBAL, INC.

Account Number : I20000000088 Phone : (800)221-0102

Fax Number : (800)944-6607

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

SOP@cogencyglobal.com Email Address:

# FLORIDA/FOREIGN LP/LLLP AURELIUS CAPITAL MANAGEMENT, LP

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**COVER LETTER** 

TO:

Registration Section Division of Corporations

SUBJECT: AURELIUS CAPITAL MANAGEMENT, LP

Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.

Please return all correspondence concerning this matter to:

Susan Schneider		
Contact Person		<del>_</del>
Schulte Roth & Zabel LLP		
Firm/Company		<del></del>
919 Third Avenue		
Address		<del>_</del>
New York, New York 10022		
City, State and Zip Code	/	<del></del>
Compliance@aurelius-capital.com 🗸	/	
E-mail address: (to be used for future annual report	t notification)	
For further information concerning this matter, pleas	e call:	
Susan Schneider	at ( 212	610-7214
Name of Contact Person	Area Code	and Daytime Telephone Number
Enclosed is a check for the following amount:		
□\$1,000.00 Filing Fee (\$965 Filing Fee and \$35 Registered Agent Fee)  □\$1,008.75 Filing Fees and Certificate of Status	№\$1,052.50 F and Certifi	

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

To:

## (((H21000305208 3)))

# APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

1. AURELIUS CAPITAL MAN	NAGEMENT, LP	
(Name of Limited Partnership or Limited Liability Li Acceptable Limited Partnership suffixes: Limited Partnership, Lin Acceptable Limited Liability Limited Partnership suffixes: Limited	nited, L.P., LP, or Ltd.	
	r limited liability limited partnership proposes to register to transact t contain acceptable suffix.	
2. DELAWARE	3. APRIL 8, 2005 😕	
State or Country of Formation	Date of Formation	
4. Federal Employer Identification Number: 33-1	115695	
5. Name of Registered Agent for Service of Process and Florid.	n Street Address:	
COGENCY GLOBAL INC.	· · · · · · · · · · · · · · · · · · ·	
115 North Calhoun Street, Suite 4	APRIL 8, 2005 Date of Formation 115695  a Street Address:	
Tallahassee, Florida 32301	产品 0	
of all statutes relative to the proper and complete performance my position as registered agent.  COGENCY Control /s/Jeffre Signature of Foundation of Participal Office:  7. Principal Office:  S. S	to act in this capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the obligations of GLOBAL INC.  TY Cohen Legistered Agent serious Registered Agent Serious Address:	
3825 PGA Boulevard	3825 PGA Boulevard	
Suite 205	Suite 205	
Palm Beach Gardens, Florida 33410	Palm Beach Gardens, Florida 33410	
9. If limited partnership is a limited liability limited partnersh	ip, check box.	
10. Name, principal office address, and mailing address of cac	h general partner:	
Name of General Partner: Aurelius Capital Management GP, LLC	Name of General Partner:	
Street Address: 3825 PGA Boulevard, Suite 205	Street Address:	
Palm Beach Gardens, FL 33410		
Mailing Address: 3825 PGA Boulevard, Suite 205		
Palm Beach Gardens, FL 33410	)	
Name of General Partner:	Name of General Partner:	
Street Address:	Street Address:	
Mailing Address:	Mailing Address:	
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Name of General Partner:	Name of General Partner.	
Street Address:	Street Address:	
Mailing Address:	Mailing Address:	
11. Effective date, if other than the date of filing: May 19, 2021 (Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.		
12. Attached is a certificate of existence duly authenticated, r Florida Department of State, by the Secretary of State or othe the law of which it is organized.	not more than 90 days prior to the delivery of this application to the er official having custody of the entity's records in the jurisdiction under	
	st	
The individual signing this document affirms that the facts st submitted in a document to the Department of State constitut	ated herein are true and the individual is aware that false information es a third degree felony as provided for in s.817.155, F.S.	
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75	

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

DELAWARE, DO HEREBY CERTIFY "AURELIUS CAPITAL MANAGEMENT, LP" 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 TWELFTH DAY OF AUGUST, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AURELIUS CAPITAL"

MANAGEMENT, LP" WAS FORMED ON THE EIGHTH DAY OF APRIL, A.D. 2005.

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

Authentication: 203909471

Date: 08-12-21