B190000000266

(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:
1)19-93431 RASign + Office Use Only GP NOT Ray
10200
Office Use Only GT /VOT K25
θ



100324180211

K. SALY OCT 24 2019 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 018613 5054689

AUTHORIZATION : Speller

COST LIMIT : \$'1900.00

ORDER DATE: October 21, 2019

ORDER TIME : 3:05 PM

ORDER NO. : 018613-005

CUSTOMER NO: 5054689

FOREIGN FILINGS

NAME: ICAHN CAPITAL LP

XXXX QUALIFICATION (TYPE: LP)

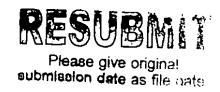
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER:





FLORIDA DEPARTMENT OF STATE Division of Corporations

October 22, 2019

CSC / KADESHA ROBERSON

SUBJECT: ICAHN CAPITAL LP Ref. Number: W19000093431

We have received your document for ICAHN CAPITAL LP and the authorization to debit your account in the amount of \$1000.00. However, the document has not been filed and is being returned for the following:

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 719A00021728

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

19 OCT 21 PH 4: 4:

1. Icahn Capital LP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)

Acceptable Limited Partnership suffixes: Limited Partnership. Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP

If name unavailable, name under which the limited partner	ship or limited liability limited partnership proposes to register to transa- a; must contain acceptable suffix.
2. Delaware	3. August 3, 2007
State or Country of Formation	Date of Formation
4. Federal Employer Identification Number: 68-0665503	
5. Name of Registered Agent for Service of Process and I Corporation Service Company	Florida Street Address:
1201 Hays Street	
Tallahassee, FL32301	•
my position as registered agent.	agree to act in this capacity I further agree to comply with the provision nance of my duties, and I am familiar with and accept the obligations of the of Registered Agent
7. Principal Office:	8. Mailing Address:
767 Fifth Avenue, Suite 4700	767 Fifth Avenue, Suite 4700
New York, NY 10153	New York, NY 10153
O. Name, principal office address, and mailing address of the second control of the sec	
Name of General Partner: IPH GP LLC	Name of General Partner:
Street Address: 445 Hamilton Avenue, Suite 1210	Street Address:
White Plains, NY 10601	
Mailing Address: Tmarch@sfire.com	Mailing Address:
Name of General Partner:	Name of General Partner:
Street Address:	
Mailing Address:	Mailing Address:

19 OCT 21 PH 4:50

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: (Effective date cannot be prior to nor more than 90 Note: If the date inserted in this block does not meet document's effective date on the Department of Stat	days after the date this document is filed by the Florida Department of State.)
12. Attached is a certificate of existence duly authen Florida Department of State, by the Secretary of Stat the law of which it is organized.	ticated, not more than 90 days prior to the delivery of this application to the e or other official having custody of the entity's records in the jurisdiction under
Signed this 21st day of Octobe	
	Lune Amarile
	/Signature of a general partner

The individual signing this document affirms that the facts stated herein are true and the individual is aware that 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.

Filing Fees:

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

Page 2 of 2



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

DELAWARE, DO HEREBY CERTIFY "ICAHN CAPITAL LP" IS DULY FORMED UNDER

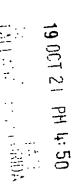
THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE TWENTY-FIRST DAY OF OCTOBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ICAHN CAPITAL LP" WAS FORMED ON THE THIRD DAY OF AUGUST, A.D. 2007.

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





Authentication: 203833141

Date: 10-21-19

4401689 8300 SR# 20197644640