

B2000000052

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

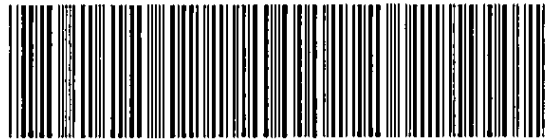
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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✓

FILE 2ND

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

ACCOUNT NO. : I20000000195

REFERENCE : 197895 7597055

AUTHORIZATION :

COST LIMIT : \$ 1000.00

ORDER DATE : March 2, 2020

ORDER TIME : 11:45 AM

ORDER NO. : 197895-010

CUSTOMER NO: 7597055

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

FOREIGN FILINGS

NAME: TRIAN FUND MANAGEMENT, L.P.

XXXX QUALIFICATION (TYPE: LP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
ZZ \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62969

EXAMINER: \_\_\_\_\_

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Trian Fund Management, L.P.

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:

Stuart I. Rosen

Contact Person

Trian Fund Management, L.P.

Firm/Company

280 Park Avenue, 41st Floor

Address

New York, NY 10017

City, State and Zip Code

srosen@trianpartners.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stuart I. Rosen

at (212) 451-3040

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> \$1,000.00 Filing Fees<br>(\$965 Filing Fee and<br>\$35 Registered Agent<br>Fee) | <input type="checkbox"/> \$1,008.75 Filing Fees<br>and Certificate of<br>Status | <input type="checkbox"/> \$1,052.50 Filing Fees<br>and Certified Copy | <input type="checkbox"/> \$1,061.25 Filing Fee,<br>Certified Copy, and<br>Certificate of Status |
|---|---|---|---|

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

1. Trian Fund Management, L.P.

(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 partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

2. Delaware

State or Country of Formation

3. September 8, 2005

Date of Formation

4. Federal Employer Identification Number: 20-3454182

5. Name of Registered Agent for Service of Process and Florida Street Address:

Corporation Service Company

1201 Hays Street

Tallahassee, FL 32301

6. 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.

Corporation Service Company

Roxanne Turner

Asst. Vice President

By: [Signature]

Signature of Registered Agent

7. Principal Office:

280 Park Avenue, 41st Floor

New York, NY 10017

8. Mailing Address:

280 Park Avenue, 41st Floor

New York, NY 10017

9. If limited partnership is a limited liability limited partnership, check box. ☐

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: Trian Fund Management GP, LLC

Name of General Partner: \_\_\_\_\_

Street Address: New York, NY 10017

Street Address: \_\_\_\_\_

New York, NY 10017

Mailing Address: 280 Park Avenue, 41st Floor

Mailing Address: \_\_\_\_\_

New York, NY 10017

Name of General Partner: \_\_\_\_\_

Name of General Partner: \_\_\_\_\_

Street Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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 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, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 2nd day of March, 2020  
By: Edward P. Garden  
Edward P. Garden, Member  
Signature of a general partner

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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  |

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TRIAN FUND MANAGEMENT, L.P." 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 SECOND DAY OF MARCH, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TRIAN FUND MANAGEMENT, L.P." WAS FORMED ON THE EIGHTH DAY OF SEPTEMBER, A.D. 2005.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA


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SR# 20201834281

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State

Authentication: 202494192

Date: 03-02-20