

11/30/2020

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-0821
Fax Number : (850)558-1515

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

Email Address: _____

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CORPORATION SERVICE COMPANY

**FLORIDA/FOREIGN LP/LLLP
HIGH COAST LIMITED PARTNERSHIP**

Certificate of Status	0
Certified Copy	0
Page Count	04
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HIGH COAST LIMITED PARTNERSHIP

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.

ANNY CARVALHO

Contact Person

ICAHN ENTERPRISES L.P.

Firm/Company

16690 COLLINS AVENUE, PH

Address

SUNNY ISLES BEACH, FL 33160

City, State and Zip Code

ACarvalho@iclp.com

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

For further information concerning this matter, please call

ANNY CARVALHO

at (305) 422-4145

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$1,000.00 Filing Fees
(S965 Filing Fee and
\$35 Registered Agent
Fee) | <input type="checkbox"/> \$1,008.75 Filing Fees
and Certificate of
Status | <input type="checkbox"/> \$1,052.50 Filing Fees
and Certified Copy | <input type="checkbox"/> \$1,061.25 Filing Fee,
Certified Copy, and
Certificate of Status |
|---|---|---|---|

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

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

1. HIGH COAST LIMITED PARTNERSHIP

(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 3. 06/26/1991
State or Country of Formation Date of Formation

4. Federal Employer Identification Number 13-3626961

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

By: [Signature]
Signature of Registered Agent

7. Principal Office:

16690 COLLINS AVENUE, PH

SUNNY ISLES BEACH, FL 33160

8. Mailing Address:

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 LITTLE MEADOW CORP

Name of General Partner _____

Street Address 16690 COLLINS AVENUE, PH

Street Address _____

SUNNY ISLES BEACH, FL 33160

Mailing Address _____

Mailing Address _____

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, 11/30/2020

(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 11/25/2020 day of 11/25/2020, 2011/25/2020

DocuSigned by:

Jordan Blaznick Vice President/Tax

25430749E0C74E0 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

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Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HIGH COAST LIMITED PARTNERSHIP" 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 THIRTIETH DAY OF NOVEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HIGH COAST LIMITED PARTNERSHIP" WAS FORMED ON THE TWENTY-SIXTH DAY OF JUNE, A.D. 1991.

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

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DELAWARE SECRETARY OF STATE



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SR# 20208505464

You may verify this certificate online at corp.delaware.gov/authver.shtmlA handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 204177561

Date: 11-30-20

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