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# FLORIDA FILING & SEARCH SERVICES, INC.

# P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

4/8/2022

NAME:

RIVERNORTH SPAC ARBITRAGE FUND. LP

TYPE OF FILING: APPLICATION

COST: 1,061.25- CHECK ATTACHED

RETURN: CERTIFIED COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

### COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Corporations		
SUBJECT: RiverNorth SPAC Arbitrage Fund, LI	,	
	nership or Limite	d Liability Limited Partnership
The enclosed application, certificate of status and find partnership to transact business in Florida.  Please return all correspondence concerning this management of the partnership to transact business in Florida.		to register a foreign limited partnership or limited liability limited
Marcus L. Collins		
Contact Person		<del></del>
RiverNorth Capital Management, LLC		
Firm/Company	·	_
360 South Rosemary Avenue, Suite 1420		
Address		_
West Palm Beach, Florida 33401		
City, State and Zip Code		<del>_</del>
mcollins@rivernorth.com		
E-mail address: (to be used for future annual repo	rt notification)	
For further information concerning this matter, plea	ise call:	
Marcus L. Collins	at (	568-6506
Name of Contact Person	_ `	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 Certific	
Mailing Address:		Street Address:
Registration Section Division of Corporations		Registration Section Division of Corporations
P.O. Box 6327		The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

TO TRANSACT BUSINESS IN FLORIDA RiverNorth SPAC Arbitrage Fund, 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 partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix. State or Country of Formation 4. Federal Employer Identification Number: 84-3700161 5. Name of Registered Agent for Service of Process and Florida Street Address: Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301 6. Thereby 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. Please see attached. Signature of Registered Agent 7. Principal Office: 8. Mailing Address: 360 South Rosemary Avenue **Suite 1420** West Palm Beach, Florida 33401. 9. If limited partnership is a limited liability limited partnership, check box, 10. Name, principal office address, and mailing address of each general partner: 360 South Rosemary Avenue, Suite 1420 Street Address: Street Address: West Palm Beach, FL 33401 \_\_\_\_\_ Mailing Address:\_\_\_\_\_ Mailing Address: Name of General Partner:\_\_\_\_\_\_ Name of General Partner:\_\_\_\_\_\_ Street Address:

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

# Page 1 of 2

Name of Ger	neral Pariner:	Name of General Partner:
Street Addre	ss:	Street Address:
Mailing Add	ress:	Mailing Address:
<i>(Effective date ca</i> <b>Note:</b> If the date		after the date this document is filed by the Florida Department of State.) applicable statutory filing requirements, this date will not be listed as the
	ent of State, by the Secretary of State of	ed, not more than 90 days prior to the delivery of this application to the other official having custody of the entity's records in the jurisdiction under
Signed this	day of April	
	Marin Color	
	Si	nature of a general partner
		ts stated herein are true and the individual is aware that false information titutes 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

Page 2 of 2

## STATE OF FLORIDA

## REGISTERED AGENT CONSENT FORM

**DATE:** 04/07/2022

ENTITY NAME: RiverNorth SPAC Arbitrage Fund, LP

#### REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Leticia Herrera, Assistant Secretary

Paracorp Incorporated



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

DELAWARE, DO HEREBY CERTIFY "RIVERNORTH SPAC ARBITRAGE FUND, 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 SEVENTH DAY OF APRIL, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RIVERNORTH SPAC ARBITRAGE FUND, LP" WAS FORMED ON THE EIGHTH DAY OF NOVEMBER, A.D. 2019.

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



Authentication: 203127507

Date: 04-07-22