# Foridable partment of State Division of Gornor Blion Enectroline Filling Cover sheet

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To:

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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CINDIT	MUUI COO.			

#### FLORIDA/FOREIGN LP/LLLP Woodline Partners LP

Certificate of Status	1
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Estimated Charge	\$1,008.75

S. ROBERTS

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

Acceptable Limited Partnership suffixes: Limited Par	Liability Limited Partnership, which must include suffix) tnership, Limited, L.P., LP, or Ltd. xes: Limited Liability Limited Partnership, L.L.L.P. or Ll.LP.		
	artnership or limited liability limited partnership proposes to register to transcriberida; must contain acceptable suffix.	act	
, Delaware	3 08/15/2018		
State or Country of Formation	Date of Formation		
4. Federal Employer Identification Number:			
5. Name of Registered Agent for Service of Process Christopher Todd	and Florida Street Address:		
525 Okecchobee Blvd., Suite 1770			
West Palm Beach, FL 33401			
my position as registered agent.	gnature of Registered Agent  8. Mailing Address:	, ;	
7. Principal Office:	8. Mailing Address:		
4 Embarcadero Center	4 Embarcadero Center		
	Suite 3450		
Suite 3450	Suite 3450		
Suite 3450 San Francisco, CA 94111	Suite 3450 @		
	San Francisco, CA 94111		
San Francisco, CA 94111  9. If limited partnership is a limited liability limite 10. Name, principal office address, and mailing ad Woodline Holdings LL	San Francisco, CA 94111  od partnership, check box.   ddress of each general partner:		
9. If limited partnership is a limited liability limite 10. Name, principal office address, and mailing ad Name of General Partner:  Woodline Holdings LL 4 Embarcadero Center, Suite 34	San Francisco, CA 94111  Independent of General Partner:  Name of General Partner:		
San Francisco, CA 94111  9. If limited partnership is a limited liability limite 10. Name, principal office address, and mailing ad Woodline Holdings LL	San Francisco, CA 94111  Id partnership, check box.   Iddress of each general partner:  C Name of General Partner:		
San Francisco, CA 94111  9. If limited partnership is a limited liability limite  10. Name, principal office address, and mailing ad  Name of General Partner:  Woodline Holdings LL  Street Address:  4 Embarcadero Center, Suite 34  San Francisco, CA 94111  4 Embarcadero Center, Suite 34	San Francisco, CA 94111  Independent of partners of each general partners  C Name of General Partners  Street Address:		
San Francisco, CA 94111  9. If limited partnership is a limited liability limite 10. Name, principal office address, and mailing ad Name of General Partner:  Woodline Holdings LL Street Address:  4 Embarcadero Center, Suite 34  San Francisco, CA 94111	San Francisco, CA 94111  Independent of partners of each general partners  C Name of General Partners  Street Address:		
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Name of General Partner:		Name of General Partner:		
Street Address:		Street Address:		
Mailing Address:		Mailing Address:		
1). Effective date, if other than (Effective date cannot be prior t Note: If the date inserted in this document's effective date on the	block does not meet the applicab	edate this document is fi the statutory filing require	led by the Florida Department of State.) ements, this date will not be listed as the	
12. Attached is a certificate of e. Florida Department of State, by the law of which it is organized.	the Secretary of State or other of	nore than 90 days prior tricial having custody of	o the delivery of this application to the the entity's records in the jurisdiction under	
Signed this 12	day of August	,20 22	-	
	Signature	of a general partner	<del></del>	

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.

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

\$52.50 Certified Copy (optional): 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 "WOODLINE PARTNERS 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. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WOODLINE"

PARTNERS LP" WAS FORMED ON THE FIFTEENTH DAY OF AUGUST, A.D. 2018.

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

e at com delaware gov/auth

Authentication: 204153957

Date: 08-12-22