



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H230000200813))



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To:

Division of Corporations
Fax Number : (850) 617-4383

From:

Account Name : WCORP SERVICES, LLC
Account Number : 120360000067
Phone : (845) 425-0977
Fax Number : (845) 818-1588

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

Email Address: _____

FLORIDA/FOREIGN LP/LLLP
Redwood Capital Management Holdings, LP

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$1,000.00

T. LEMUEUX

JAN 20 2023

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January 19, 2023

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORP SERVICES, LLC

SUBJECT: REDWOOD CAPITAL MANAGEMENT HOLDINGS, LP
ID: W23000005467

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

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.

Marion D Franklin
Regulatory Specialist II

FAX Aud. #: H23000020081
Letter Number: 623A00001345

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "REDWOOD CAPITAL MANAGEMENT HOLDINGS, 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 SEVENTEENTH DAY OF JANUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "REDWOOD CAPITAL MANAGEMENT HOLDINGS, LP" WAS FORMED ON THE SIXTEENTH DAY OF MARCH, A.D. 2018.

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


Jeffrey W. Bullock, Secretary of State

6801997 8300

SR# 20230162853

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202511654

Date: 01-17-23

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

1. Redwood Capital Management Holdings, 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.

2. Delaware 3. March 15, 2018
State or Country of Formation Date of Formation

4. Federal Employer Identification Number 82-4890277

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

VCorp Services, LLC
1200 South Pine Island Road
Plantation, Florida 33324

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.


Mimi Sanik
Signature of Registered Agent

7. Principal Office:
250 West 55th Street, 26th Floor
New York, NY 10019

8. Mailing Address:
250 West 55th Street, 26th Floor
New York, NY 10019

2023 JAN 19 AM 10:30
U.S. DEPT. OF REVENUE

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

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

Debbie Evans K Redwood,

Name of General Partner: LLC
Street Address: 410 Golden Beach Dr
Golden Beach, FL 33160
Mailing Address: 410 Golden Beach Dr.
Golden Beach, FL 33160

Name of General Partner: _____
Street Address: _____
Mailing Address: _____

Name of General Partner: _____
Street Address: _____
Mailing Address: _____

Name of General Partner: _____
Street 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 11th day of January, 2023



Signature of authorized person of the 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 § 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