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Division of Corporations



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FLORIDA/FOREIGN LP/LLLP STEVENS CAPITAL MANAGEMENT LP

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1 STEVENS CAPITAL MANAGEMENT LP

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

Acceptable Limited 1	Partnership suffixes: Limited Partnership, L	imited Partnership, which must include suf- imited, L.P., L.P., or Ltd. ed Liability Limited Partnership, L.L.L.P., or I			
		or limited liability limited partnership propose st contain acceptable suffix.	s to regi	ster to tr	ansact
2. DELAWARE		3. 04/29/2002			
	ate or Country of Formation	Date of Formation			
4. Federal Employe	er Identification Number. 98-0377305				
5. Name of Register CT Corporation Sy.	red Agent for Service of Process and Floric stem	a Street Address:			
1200 South Pine Isla	and Road				
Plantation, Florida 3	33324				
	ative to the proper and complete performance gistered agent. By: Christine Kelm, As	r to act in this capacity. I further agree to con r of my duties, and I am familiar with and acc ion System (अस्तिक १८६४) sistant Secretary Registered Agent		bligatio	
7. Principal Office: 8. M.		Mailing Address:	3.17	023	
•		I KING OF PRUSSIA ROAD, SUITE 400		2023 HAY 1 I	
RADNOR, PA 19087 RAD		ADNOR, PA 190887	74: 74: 74: 74:	_	enistra. A
	-	<u> </u>	();	A-	; i ,
9. If limited partne	ership is a limited liability limited partners	hip, check box. [· - · .	4H :0: 44	گرونورد: ^۳
10. Name, principa	il office address, and mailing address of ea	ch general partner:		+	
Name of Genera	ADAMS HOLDINGS DE LLC Partner:	Name of General Partner:			
Street Address:	201 KING OF PRUSSIA ROAD, SUITE 4	OO Street Address;			
***************************************	RADNOR, PA 19087				
Mailing Address	201 KING OF PRUSSIA ROAD, SUITE 4	SUITE 400 Mailing Address:			
	RADNOR, PA 19087	Stating Address.			
Name of Genera	l 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: (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 10th day of April Occusioned by. Docusioned by.	.20 23				
A1161C39-DATASE . Signature of 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: \$1,00 Certified Copy (optional): \$52.5 Certificate of Status (optional): \$8.75					

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Page 1

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

DELAWARE, DO HEREBY CERTIFY "STEVENS CAPITAL MANAGEMENT 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 THIRTEENTH DAY OF APRIL, A.D. 2023.

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

Authentication: 203137972

Date: 04-13-23