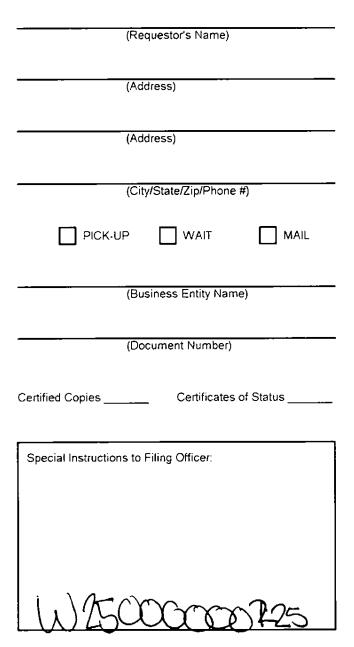
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January 2, 2025

CT CORP

CORRECTED
Please Allow For
Same File Date

SUBJECT: PAULSON MANAGEMENT II LP

Ref. Number: W25000000225

We have received your document for PAULSON MANAGEMENT II LP and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

Emani D Manning Regulatory Specialist II

Letter Number: 725A00000042

CT CORP

(850) 656- 4724 3458 lakesore Drive

Tallahassee, FL 32312

D	12/30/2024 W: Acc#120160000072
	Acc#120160000072
Name:	Paulson Management II LP
Document #:	
Order #:	16063920
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of Apostille/Notarial Certification:	Country of Destination:
Filing:	Number of Certs: Certified: Email Address for Annual Report Notification:
	Plain:stuart.merzer@paulsonco.com COGS:
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$ 1052.50

Thank you!

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

Paulson Manageme	ent II LP						
Acceptable Limited P	artnership suffi	xes: Limited Partnership	y Limited Partnership, which o, Limited, L.P., LP, or Ltd. mited Liability Limited Partners				
If name unavailable	, name under w	hich the limited partnersl business in Florida;	ip or limited liability limited pa must contain acceptable suffix.	rtnership proposes to re	gister to	o transact	
2. Delaware 3. May 22, 2006							
State or Country of Formation			Date of	Date of Formation			
4. Federal Employe	r Identification	Number: 20-4928898					
		ervice of Process and Fl					
Corporation Service							
1201 Hays Street		 					
Tallahassee, FL 3230		 -					
Tananassee, 1 E 5250							
6. I hereby accept th of all statutes rela my position as reg	tive to the prop	is registered agent and a er and complete perform /s/ Sophia Gerings	gree to act in this capacity. I fu ance of my duties, and I am fam wald	rther agree to comply w iliar with and accept th	:ith the ¦ e obliga	provisions utions of	
	-		of Registered Agent				
7. Principal Office:			8. Mailing Address:	R. Mailing Address:			
205 Worth Ave, Suite 104-105			205 Worth Ave. Suite 104-105		24	S N S	
Palm Beach, FL 33480			Palm Beach, FL 33480		四	25.03. 20.03.	
					30		
0.161: :1		ed liability limited parts	annihin aback hav		- 	프웨 프	
·	-				Ô	53.4 53.4	
•			f each general partner:		51	공급 중	
Name of Genera			Name of General Partn	er:			
Street Address:	205 Worth Ave, Suite 104-105		Street Address:	Street Address:			
	Palm Beach, F	1. 33480					
Mailing Address	:		Mailing Address:				
Name of General Partner:				er:			
				Street Address:			
Mailing Address			Mailing Address:				

Page 1 of 2

Name of General Partner:_		Name of Genera	l Partner:	
Street Address:		Street Address:		
		Mailing Address	i:	
(Effective date cannot be prior Note: If the date inserted in thi document's effective date on the stacked is a certificate of	is block does not meet the applical the Department of State's records. existence duly authenticated, not to by the Secretary of State or other of	e date this document in the statutory filing required than 90 days prices	is filed by the Florida Department of State.) pairements, this date will not be listed as the or to the delivery of this application to the of the entity's records in the jurisdiction under	
	day of	.20 24		
		erzer of a general partner	Authorized Person of the General Partner	
The individual signing this doc submitted in a document to the	cument affirms that the facts stated Department of State constitutes a	I herein are true and the third degree felony a	the individual is aware that false information as provided for in s.817.155, F.S.	
Filing Fees:	Filing Fees: \$1.000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)			

Page 2 of 2

\$52.50 \$8.75

Filing Fees:

Certified Copy (optional): Certificate of Status (optional):





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

DELAWARE, DO HEREBY CERTIFY "PAULSON MANAGEMENT II 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 THIRTIETH DAY OF DECEMBER, A.D. 2024.

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

Authentication: 205254483

Date: 12-30-24