B250000000 14

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	e #)
PICK-UP	Mait Wait	MAIL
(B	usiness Entity Nar	me)
(D	ocument Number)	· · ·
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



100441599931

2024 DEC 30 PH 4: 35

SECRETARY OF STATE
THEORY OF STATE
TO SECRETARY OF STATE
TO SECRET



January 2, 2025

CT CORP

SUBJECT: PAULSON MANAGEMENT LP

Ref. Number: W25000000228

CCRRECTED

Ploaso Allow For Same File Data

We have received your document for PAULSON MANAGEMENT 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: 225A00000043

CT CORP

(850) 656-4724 3458 lakesore Drive Tallahassee, FL 32312

12/30/2024

Date:

Ref#

wie SW Acc#I20160000072 Paulson Management LP Name: Document #: Order #: 16063920 Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of Country of Destination: Apostille/Notarial Certification: Number of Certs: Filing: 🗸 Certified: 🗸 Email Address for Annual Report Notifications: Plain: stuart.merzer@paulsonco.com COGS: Availability _____ 1052.50 Amount: \$ Document ____ Examiner _____ Updater _____ Verifier _____ W.P. Verifier _____

Thank you!

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

Acceptable Limited Partnership suffixes:	: Limited Partnership, Lim	ited Partnership, which must include suffix) ited, L.P., LP, or Ltd. Liability Limited Partnership, L.L.L.P. or LLLP.	-
If name unavailable, name under which	n the limited partnership or business in Florida; must	limited liability limited partnership proposes to recontain acceptable suffix.	egister to transact
2 Delaware		3, April 30, 2001	
State or Country of 1	Formation	Date of Formation	_
4. Federal Employer Identification Nu	ımber		
5. Name of Registered Agent for Servi		Street Address:	
Corporation Service Company			
1201 Hays Street			
Tallahassee, FL 32301			
I hereby accept the appointment as re of all statutes relative to the proper a my position as registered agent.	ind complete performance of /s/ Sophia Geringswal	o act in this capacity. I further agree to comply of my duties, and I am familiar with and accept to degistered Agent	with the provisions he obligations of
7. Principal Office:	ce: 8. Mailing Address:		
205 Worth Ave, Suite 104-105	205 Worth Ave. Suite 104-105		=
Palm Beach, FL 33480		n Beach, FL 33480	M M M M M M M M M M M M M M M M M M M
9. If limited partnership is a limited l	liability limited partnershi	ip, check box. 🗆	₹ 9990 0 334
10. Name, principal office address, ar	nd mailing address of each	n general partner:	6
Paulson C Name of General Partner:	Capital Inc.	Name of General Partner:	25
Street Address:	uite 104-105	Street Address:	
Palm Beach, FL 3	33480		
Mailing Address:		Mailing Address:	 -
Name of General Partner:		Name of General Partner:	
		Street Address:	
		Mailing Address:	

Page 1 of 2

Name of Gene	eral Partner:	Name of Ger	neral Partner:		
Street Address	S:	Street Addre	SS:		
Mailing Addr	ess:		ress:		
Note: If the date is document's effect 12. Attached is a GFF or ida Departme	nserted in this block does not meet the ive date on the Department of State's recertificate of existence duly authenticate to State, by the Secretary of State or	applicable statutory filing ecords. ed, not more than 90 days	ent is filed by the Florida Department of State.) requirements, this date will not be listed as the prior to the delivery of this application to the ody of the entity's records in the jurisdiction under		
the law of which i	t is organized.				
Signed this 30th day of December .20 24 /s/ Stuart L. Merzer Authorized Person of the General Partner 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.					
submitted in a do	cument to the Department of State cons Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Fi \$52.50	ny as provided for in s.817.155, F.S. ling Fee and \$35 Registered Agent Fee)		

Page 2 of 2

Page 1

Delaware The First State

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

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

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

Authentication: 205254469

Date: 12-30-24