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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : 78501617-6582

From:

Account Name : UNITED CORPORATE SERVICES, INC.
Account Number : 120140000108
Phone : (914)949-9188
Fax Number : (914)949-9613

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

Email Address: GMorroc@paloma.com

FOREIGN PROFIT/NONPROFIT CORPORATION
PALOMA PARTNERS MANAGEMENT COMPANY

Certificate of Status	0
Certified Copy	0
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July 24, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

UNITED CORPORATE SERVICES, INC

SUBJECT: PALOMA PARTNERS MANAGEMENT COMPANY
REF: W17000060578

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

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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.

Jenna D Harris
Regulatory Specialist II

FAX Aud. #: H17000191369
Letter Number: 417A00014877

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

PALOMA PARTNERS MANAGEMENT COMPANY

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. DELAWARE 3. 13-3145891
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 12/29/1982 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2 AMERICAN LANE, GREENWICH CT 06836-2571
(Principal office address)

(Current mailing address, if different)

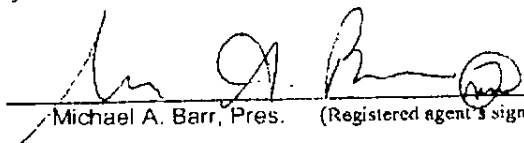
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: United Corporate Services, Inc.

Office Address: 9200 South Dadeland Blvd. Suite 508
Miami, Florida 33156
(City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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.


Michael A. Barr, Pres. (Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: S. DONALD SUSSMAN

Address: 2 AMERICAN LANE

GREENWICH CT 06836-2571

Director: GREGORY S. HAYT

Address: 2 AMERICAN LANE

GREENWICH CT 06836-2571

B. OFFICERS

President: GREGORY HAYT

Address: 2 AMERICAN LANE

GREENWICH CT 06836-2571

Vice President: _____

Address: _____

Secretary: DOUGLAS W. AMBROSE

Address: 2 AMERICAN LANE, GREENWICH CT 06836-2571

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. _____
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she 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.

13. DOUGLA W. AMBROSE, SECRETARY

(Typed or printed name and capacity of person signing application)

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Delaware

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PALOMA PARTNERS MANAGEMENT COMPANY" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF JULY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PALOMA PARTNERS MANAGEMENT COMPANY" WAS INCORPORATED ON THE TWELFTH DAY OF OCTOBER, A.D. 1989.

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

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SR# 20175350142

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

Handwritten signature of Jeffrey W. Bullock.
Jeffrey W. Bullock, Secretary of State

Authentication: 202925851

Date: 07-21-17

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