# F180000000816

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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FEB 1 9 2018
Y SULKER

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 074540 7603235

AUTHORIZATION : Spelled on a

COST LIMIT : \$/70,.00

ORDER DATE: February 16, 2018

ORDER TIME : 12:47 PM

ORDER NO. : 074540-005

CUSTOMER NO: 7603235

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#### FOREIGN\_FILINGS

NAME: ACM 21CO IV INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER:

#### **COVER LETTER**

TO:	Registration Section Division of Corpor				
	ACM 21CO				
SUBJ	JECT:	Name of co	rporation	- must include suffix	
			- <b>P</b>		
Dear S	Sir or Madam:				
"Certi		or "Certificate of C	ood Stan	ding" and check are sul	nct Business in Florida," comitted to register the
Please	return all correspon	dence concerning th	nis matter	to the following:	
Јепту (	Cammarata				
		]	Name of F	erson erson	
Atalay	a Capital Management	LP			
		F	irm/Com	pany	<del></del>
780 TI	nird Ave 27th Fl				
			Addre	SS	
New Y	ork, NY 10017	•			
		Cit	y/State an	d Zip code	
operat	ions@atalayacap.com		-	-	
		E-mail address: (to	be used for	or future annual report	notification)
For fu	rther information cor	cerning this matter	, please c	all:	
Јепу (	Cammarata	<u></u>	212	201-1924	
	Name of Person	at (	Area Code	Daytime Telep	hone Number
Enclos	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32 and is a check for the	n ations nter Circle (301		MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7
		\$78.75 Filing Fee Certificate of Sta		\$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

### 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.

	ble in Florida, enter alternate corporate name	adopted for the purpose of transacting b	ousiness in Florida)
Delaware !.	3.		
	under the law of which it is incorporated)	(FEI number, if appli	icable)
2/6/18			
(Date	of incorporation) 5.	(Date of duration, if other the	an perpetual)
) <b>.</b>			
		in Florida, if prior to registration) 502, F.S., to determine penalty liability	)
780 Third Ave 27	fl, New York, NY 10017		
	(Princi	pal office address)	
			· · · · · · Co
	(Current mail	ing address, if different)	
	(Current maili	ing address, if different)	FEB
. Name and stree	(Current maili t address of Florida registered agent: (P.	,	FEB III
		,	FEB IIIE AM
Name and <u>stree</u> Name:	1 address of Florida registered agent: (P.	,	FEB III
Name:	t address of Florida registered agent: (P. Corporation Service Company  1201 Hays Street  Tallahassee	O. Box NOT acceptable)	FEB IIIE AM 19: 4
Name:	t address of Florida registered agent: (P. Corporation Service Company  1201 Hays Street  Tallahassee	O. Box <u>NOT</u> acceptable)	FEB IIIE AM 19: 4

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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: \_\_ Address: Vice Chairman: Address: \_\_\_ Ivan Zinn Director: 780 Third Ave 27 fl Address: New York, NY 10017 Drew Phillips Director: 780 Third Ave 27 fl Address: New York, NY 10017 **B. OFFICERS** President: Address: \_\_\_\_\_ Vice President: Address: Secretary: \_\_\_ Address: Treasurer: \_\_ NOTE: If necessary your may attach an addendum to the application listing additional officers and/or directors. 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.

True Philips, Director
(Typed or printed name and capacity of person signing application)

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ACM 21CO IV INC." 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 SIXTEENTH DAY OF FEBRUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ACM 21CO IV INC." WAS INCORPORATED ON THE SIXTH DAY OF FEBRUARY, A.D. 2018.

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





Authentication: 202165467

Date: 02-16-18

6745817 8300 SR# 20181066902