

L12000123842

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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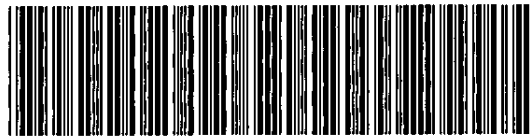
(Business Entity Name)

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Effective Date 10/1/12

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12 SEP 27 AM 8:17

SEP 28 2012

T. HAMPTON



CORPORATION SERVICE COMPANY'

ACCOUNT NO. : I20000000195

REFERENCE : 361342 4302480

AUTHORIZATION :

*[Handwritten Signature]*

COST LIMIT : \$ 155.00

ORDER DATE : September 27, 2012

ORDER TIME : 12:46 PM

ORDER NO. : 361342-005

CUSTOMER NO: 4302480

DOMESTIC FILING

NAME: IRIDIAN ASSET MANAGEMENT  
SERVICES, LLC

EFFECTIVE DATE:

\_\_\_\_ ARTICLES OF INCORPORATION  
\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap - EXT. 2951

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: IRIDIAN ASSET MANAGEMENT SERVICES, LLC**

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

FLOYD I. WITTLIN, ESQ.

Name of Person

BINGHAM MCCUTCHEN LLP

Firm/Company

399 PARK AVENUE

Address

NEW YORK, NY 10022-4689

City/State and Zip Code

floyd.wittlin@bingham.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Floyd I. Wittlin, Esq.

Name of Person

at ( 212 ) 752-7466

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☒ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Effective Date

10/1/17

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Iridian Asset Management Services, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

#### Principal Office Address:

West Boca Executive Suites  
7777 Glades Road, Suite 100  
Boca Raton, FL 33434

#### Mailing Address:

West Boca Executive Suites  
7777 Glades Road  
Boca Raton, FL 33434

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Corporation Service Company

Name

1201 Hays Street

Florida street address (P.O. Box NOT acceptable)

Tallahassee

FL 32301

City, State, and Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.*

Corporation Service Company

By: Carina L. Dunlap

Registered Agent's Signature (REQUIRED)

Carina L. Dunlap  
Asst. Vice President

(CONTINUED)

Page 1 of 2

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**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Jeffrey M. Elliott

276 Post Road West

Westport, CT 06880-4704

MGR

David L. Cohen

276 Post Road West

Westport, CT 06880-4704

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: October 1, 2012. (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any 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.)

Jeffrey M. Elliott

Typed or printed name of signee

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**

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