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SECRETARY OF STATE

N. Cuillgan JUL 18 2013



CT Corporation

515 East Park Avenue Tallahassee, FL 32301 850 222 1092 tel 850 222 7615 fax www.ctcorporation.com

July 17, 2013

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re:

Order #: 8835281 SO

Customer Reference 1: None Given Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

Altamont LLC (DE) dibia Altamont Florida I LLC Registration Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

205-8842

Connie R Bryan Senior Fulfillment Specialist Connie.Bryan@wolterskluwer.com CR2E027 (9/10)

COVER LETTER

TO: Registration Section

Division of Corporations

Altamont LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Jean Johnson

Name of Person

Caxton Alternative Management LP

Firm/Company

731 Alexander Road, Bldg 2

Address

Princeton, NJ 08540

City/State and Zip Code

gjohnson@caxalt.com

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

For further information concerning this matter, please call:

Heath Weisberg

,,609

919-7608

Name of Person

Area Code & Daytime Telephone Number

MAILING ADDRESS:

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

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

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

■ \$160.00 Filing Fee, Certificate of Status & Certified Copy



JUL 0 8 2013



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 28, 2013

JEAN JOHNSON CAXTON ALTERNATIVE MANAGEMENT LP 731 ALEXANDER ROAD, BLDG 2 PRINCETON, NJ 08540

SUBJECT: ALTAMONT LLC Ref. Number: W13000037276

We have received your document for ALTAMONT LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

the state of the s

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a foreign limited liability company to be distinguishable from the names of all other fillings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form. You must also attach a copy of the written consent of the managers or managing members adopting the alternate name for Florida. For your convenience, we are enclosing a fill-in-the-blank form for you to complete and return to our office for processing.

The alternate name must end with the words "Limited Liability Company," the "abbreviation" LLC. " or the designation "LLC." The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC".

Please return your document, along with a copy of this letter, within 60 days or your filling will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan Regulatory Specialist II

Letter Number: 613A00016175

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify that	we are the Managers and/or Managing	
Members of Altamont LLC.		
(Name of Limite	d Liability Company)	
a limited liability company duly organized	and existing under the laws of	
Delaware		E S
(State or Country of Organization)	,	
Because the name of this foreign limited lia	bility company does not satisfy the	
requirements of the s. 608.406, F.S., the lin	nited liability company hereby adopts the	
following name to transact business in the s	state of Florida:	
Altamont Florida I LLC		
(Name to be used by limited liability company in Florida: Company, L.L.C., or Ll.C.)	NOTE: Name must end with Limited Clability	
Date: July 17, 2013		
Signature(s) of Manager(s) and/or Managin	g Member(s):	
Stan West	Heath Weisberg, on behalf of Alh	old, Inc.,
·		
		
	 	
\$		
		,

CR2E122 (7/07)

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE	STATE OF FLORIDA:
1. Altamont LLC (Name of Foreign Limited Liability Company; must include	
(Name of Foreign Limited Liability Company; must include	e "Limited Liability Company," "L.L.C.," or "LLC.")
Altamont Florida I LLC	
(If name unavailable, enter alternate name adopted for the purpose consent of the managers or managing members adopting the altern Company," "L.L.C," "LLC.")	e of transacting business in Florida and attach a copy of the written hate name. The alternate name must include "Limited Liability
_{2.} Delaware. 3	20-2982488
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4. 5/4/2005	Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
_{6.} 9/1/2013	
(Date first transacted business in Flo (See sections 608.501 & 608.502 F.S.	rida, if prior to registration.) to determine penalty liability)
_{7.} 259 South Beach Road	
Hobe Sound FL 33455	of Principal Office)
(Street Address of	of Principal Office)
8. If limited liability company is a manager-managed	
9. The name and usual business addresses of the mana	ning members or managers are as follows:
Althold Inc.	ging invitoris of managers are as lonows.
Authora trio.	and the second s
731 Alexander Road, Bldg 2	
Princeton, NJ 08540	
the jurisdiction under the law of which it is organized. (A photocop translation of the certificate under eath of the translator must be subr	nitted)
1d. Nature of business or purposes to be conducted or	promoted in Florida: Maintonation
a private estate	*
Stelle 2- Wash	
Signature of a member or an aut	hor zed representative of a member.
penalties of perjury that the facts stated herein are true	tion of this document constitutes an affirmation under the i. I am aware that any false information submitted in a a third degree felohy as provided for in s.817,155, F.S.)
Heath Welsberg	a min a made an a sainth an hard a man and the mar e contain each

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

If unavailab	la tha sitawasta to ha u	sed in the state of Florida		
		ised in the state of Pionda		r
Artamon	t Florida I LLC		·	<u> </u>
2. The name	e and the Florida street	address of the registered	agent and office are:	75 28 28 28 28 28 28 28 28 28 28 28 28 28
•		C T Corporation System	m	
	,	(Name)		
		1200 South Pine Island R	oad	照5
	Florida	Street Address (P.O. Box NO	T ACCEPTABLE)	A ST F
:	Plantation	FL	3324 ·	를 2
	•	City/State/Zip		
liability compregistered ag statutes relat accept the ob	pany at the place design ent and agree to act in ing to the proper and c ligations of my position	nated in this certificate, I) this capacity. I further ag complete performance of m	of process for the above sta hereby accept the appointme tree to comply with the prov by duties, and I am familiar covided for in Chapter 608,	ent as visions of all with and
Statutes.				

\$ 100.00 Piling Fee for Application \$ 25.00 Designation of Registered Agent

30.00 5.00 Certified Copy (optional)
Certificate of Status (optional)

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "ALTAMONT LLC" 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 NINETEENTH DAY OF JUNE, A.D. 2013.

AND 1 DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

3965035 8300

130791294

AUTHENTACATION: 0523377

DATE: 06-19-13