## M14000009014

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(21)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Fitting Officer.
<del>,</del>

Office Use Only



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2014 DEC 16 A 11: 00 SEGRETARY OF STATE

B. BOSTICK

DEC 17 2014

**EXAMINER** 

REFERENCE : 423155 7546912		
AUTHORIZATION: Spelle was		
COST LIMIT : \$125.00		_
ORDER DATE : December 16, 2014		
ORDER TIME : 2:34 PM		
ORDER NO. : 423155-005		
CUSTOMER NO: 7546912		
	<b></b>	
FOREIGN FILINGS		
NAME: PINE RIVER CAPITAL MANAGEMENT LLC	2014 DEC SEGRETI TALLAHA	71
XXXX QUALIFICATION (TYPE: LL)	NRY C	FILED
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	A II: OF STA	D
CERTIFIED COPY  PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING	00	
CONTACT PERSON: Courtney Williams EXT# 62935		

EXAMINER:

ACCOUNT NO. : I2000000195

#### **COVER LETTER**

TO:	Registration Section
	Division of Corporations

SUBJECT: Pine River Capital Management 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 c	•	•	led liability company to	o transact business	in Florid
Karen U	•	ū			
-	N	ame of Person			
Pine Riv	ver Capital N	lanagem	ent L.P.		
	F	rm/Company			
601 Car	lson Parkwa	y, Suite	330		
<u> </u>		Address			
Minnetonka, MN 55305				2014 SEC	
	City/S	tate and Zip Code		74 H 75 H	, i
karen.ur	man@prcm.	.com		- ARY	
	E-mail address: (to be user	for future annual re	port notification)	FFE	m
For further information concerning	this matter, please call:			A F STA	D
Legal Dept		<sub>at</sub> 612	,238.3343		
Name of	Contact Person	Area Code	Daytime Telepho	ne Number	•
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	Division Registra Clifton 2661 Es	T ADDRESS: n of Corporations ation Section Building secutive Center Cir ssee, FL 32301	cle		
Enclosed is a check for the fo	ollowing amount:  Ill \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Certified Cop	=	Filing Fee, Certifis & Certified Cop	

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Pine River Capital Management LLC  (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "L Liability Company," "L.L.C," or "LLC.")	imited
2 Delaware 3.	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4. (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	_
5. 601 Carlson Parkway, Suite 330	
Minnetonka, MN 55305	_
(Street Address of Principal Office)  6. 601 Carlson Parkway, Suite 330	- _ TI
Minnetonka, MN 55305	
7. The name, title or capacity and address of the person(s) who has/have authority to manage as/are.  Jeff Stolt, Chief Financial Officer	
601 Carlson Parkway, Suite 330	_
Minnetonka, MN 55305	_
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the of having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the tran must be submitted)  Signature of an authorized person	slator
(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated her 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.	

Jeff Stolt, Crief Financial Officer

Typed or printed name of signee

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

Pine	River	Capital	Mar	าล	gement	LL(

1. The name of the Limited Liability Company is:

If unavailable, the alternate to be used in the state of Florida is:

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

Corporation Service Company

(Name)

Tallahassee

FL 32301

City/State/Zin

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 605, Florida Statutes.

Jeff Stott, Onief Financial Officer

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

# Delaware

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PINE RIVER CAPITAL MANAGEMENT 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 SIXTEENTH DAY OF DECEMBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PINE RIVER CAPITAL MANAGEMENT LLC" WAS FORMED ON THE TWENTIETH DAY OF FEBRUARY, A.D. 2002.

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

3493778 8300

141544374

Jeffrey W Bullock, Secretary of State **AUTHENTYCÀTION: 1963442** 

DATE: 12-16-14

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