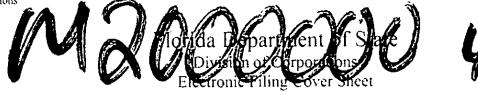
Division of Corporations





Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations Fax Number : (850)617-6383

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Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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Foreign Limited Liability Company SegavePO LLC

Certificate of Status	0
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Help

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY

COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA: SegavePO LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.") (B) name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Lumited Liability Company," "L.L.C." or "L.L.C.") Delaware (f.l.) number, (f.applicable) (hinselection under the law of which foreign limited liability company is organized) March 4, 2020 (Date first transacted business in Florida, if prior to registration.) (See sections 605,0004 & 605.0905; F.S. to determine penalty liability). e/o Magnetar Financial LLC c/o Magnetar Financial LLC 6. (Mading Address) (Street Address of Principal Office) 1603 Orrington Avenue, 13th Floor 1603 Orrington Avenue, 13th Floor Evanston, Illinois 60201 Evanston, Illinois 60201 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C.T. Corporation System Name: 1200 South Pine Island Road Office Address:

Registered agent's acceptance:

Plantation

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 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.

(Cuy)

____, Florida _____(Zip code)

James D. Martin James Martin - Assistant Secretary
(Registered agent's signisture)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total];

Title or Capacity:	Name and Address:	Title or Capacity:		Name and Address:
≅Manager	Name: Magnetar Financial LLC	□Manager	Name:	
□Member	Address:	□Member	Address:	
☐ Authorized	1603 Orrington Avenue, 13th Floor	UAuthorized		
Person	Evanston, Illinois 60201	Person		
∐Other	Other	□Othei		ClOther
□Managur	Name:	□ Manager	Name:	
□Member	Address:	□Membe:	Address:	
□ Authorized		□ Authorized	***************************************	
Person		Person		
COther	ElOther	□Other		Other
□Manager	Name:	□Manager	Name:	
[]Member	Address:	□Member	Address:	
□Authorized		□ Authorized		
Person		Person		
Other		EJOther		

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
- 10. This document is executed in accordance with section 605,0203 (1) (b), Florida Statutes, 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.

Mhichael Juno
Signature of an authorized person

Michael Turro, Chief Compliance Officer of Magnetar Financial LLC, manager

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SEGAVEPO 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 FIFTH DAY OF MAY, A.D. 2020.

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

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

Authentication: 202882135

Date: 05-05-20